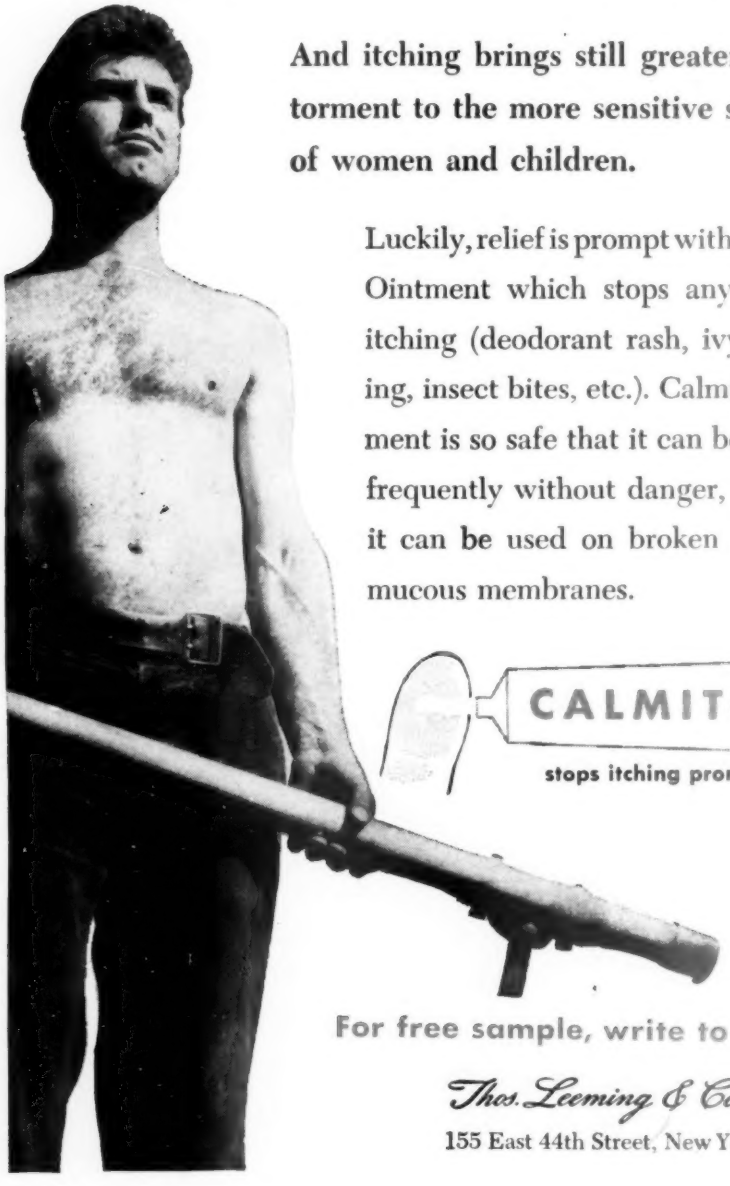
R.N.

April—1951

even his skin is not immune



And itching brings still greater torment to the more sensitive skin of women and children.

Luckily, relief is prompt with Calmitol Ointment which stops any kind of itching (deodorant rash, ivy poisoning, insect bites, etc.). Calmitol Ointment is so safe that it can be applied frequently without danger, and that it can be used on broken skin and mucous membranes.

stops itching promptly

For free sample, write to

Thos. Leeming & Co. Inc.
155 East 44th Street, New York 17, N.Y.

R.N.

Contents

April - 1951 - Vol. 14 - No. 7

Cover Credits: Photographer: Walter Herstatt; Cap and Pin: Mercy Hospital, Charlotte, N.C.; Uniform: C. D. Williams & Co., Philadelphia, Pa.

ABC Circulation 150,000 registered professional nurses, monthly.

25c a copy, $3 a year for inactive nurses. Canada and other foreign countries, $3.50.

NBP

IN THE AIM TOWARD

Lessening Illness in the Aged

By maintaining complete adequacy of the diet during advancing years, considerable can be accomplished in reducing the frequency of illness in the aged population and in favorably influencing the mental state of the geriatric patient. In particular, ample intake of protein, vitamins, and minerals is needed for preventing many somatic and psychic symptoms of malnutrition observed in the aged.[1]

The dietary supplement, Ovaltine in milk, is a reliable aid for supporting the nutritional state of the elderly patient. This nutritious beverage richly provides biologically complete protein and all the essential minerals and vitamins. It is easily digestible, invigorating, and pleasingly palatable.

Note the wealth of nutrients furnished by Ovaltine in milk, as shown in the table given below.

1. Thewlis, M., and Gale, E. T.: Ambulatory Care of the Aged, Geriatrics, 5:331 (1950).

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILLINOIS

Ovaltine

Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	32 Gm.	VITAMIN A	3000 I.U.
FAT	32 Gm.	VITAMIN B_1	1.16 mg.
CARBOHYDRATE	65 Gm.	RIBOFLAVIN	2.0 mg.
CALCIUM	1.12 Gm.	NIACIN	6.8 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN C	30.0 mg.
IRON	12 mg.	VITAMIN D	417 I.U.
COPPER	0.5 mg.	CALORIES	676

***Based on average reported values for milk.**

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

TRUE STIMULANT THERAPY

ACTHAR represents the natural stimulus for the adrenal glands to secrete the entire spectrum of cortical hormones at a rapidly increased rate. Thus the role of ACTHAR is to provide true stimulation therapy in a wide variety of diseases. ACTHAR neither substitutes nor replaces individual cortical hormones. Mobilization of physiologic mechanisms accounts for the safety of ACTHAR and permits prolonged courses of treatment without rest periods.

ESTABLISHED INDICATIONS: Rheumatoid arthritis, rheumatic fever, acute lupus erythematosus, severe asthma, drug sensitivities, contact dermatitis, most acute inflammatory diseases of the eye, acute pemphigus, exfoliative dermatitis, ulcerative colitis, acute gouty arthritis and secondary adrenal cortical hypofunction.

ACTHAR

ARMOUR LABORATORIES BRAND OF ADRENOCORTICOTROPIC HORMONE (A. C. T. H.)

THE ARMOUR LABORATORIES

CHICAGO 11, ILLINOIS

PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

Debits & Credits

PROGRESSIVE?

Dear Editor:

Some years ago, when so-called peace reigned before World War II, there was much talk of progressive education in nursing. Predictions were that no one who had less than a college education would be accepted for nurses' training and that this course was to be four years. But now practical nurses with one year's training are being foisted upon the world. Is there no longer a need for nursing education? Or can nursing education and experience be satisfactorily condensed to a one-year training period? Personally, I quite agree with one of our fine surgeons who said, "They are neither practical nor nurses and I'd rather do without than employ them."

SADIE S. KOFFMAN, R.N.
LOS ANGELES, CALIF.

TODAY'S NEEDS

Dear Editor:

A great deal is heard today as to higher education being the answer to our present day problems. I do not think it is. But I do think our present problem in nursing is to change our educational requirements so they will fit our present day trend.

We now have an attendant nursing course in my hospital. These attendants have an excellent course in bedside care, or, as we now call it, general duty. This course is 15 months long.

If an attendant can be trained to do our general duty work in this short time, our present course of three years for nurses is far too long. Our present day three-year nurses spend approximately one-third of their time (or one year) in bedside care. Our present day attendant spends four months or less. I do think something ought to be done to change this.

Our three-year graduates will always be necessary, but I do think they can receive all their training in two years and spend the third year obtaining their degree. It can be done in this time. If they cannot continue in this third year, they should be allowed to enter into the field of general duty nurses. Later on if they can finish their third year, they should be allowed to do so.

I also feel that the attendant, if she feels that she can afford to spend more time studying, should be encouraged to and be given credit for her work; this could fill nursing ranks with greater numbers of students. I think these steps should be taken on the same basis as the stu-

dent going from grammar school to high school and then college. Experience should also count as well as a degree.

MARY C. LOWE, R.N.
ASSONET, MASS.

WORKING MOTHER

Dear Editor:

Mrs. Verda Gwin [R.N., July, 1950] asks for comments on the mental stability of children whose mothers work outside the home, often necessitating leaving the children with an incompetent person.

It's a pity that some psychiatrists make statements without following them up with an explanation. No psychiatrist would have all mothers believe that their children will be mentally incompetent in adulthood because the mother works. But they do point out that lack of proper supervision, the absence of love and protection during working hours does have an effect on the mental growth in terms of stability.

Experience is a great teacher. My husband passed away leaving me with two small children. Insurance helped but my problem extended over many years, as one child was two and the other seven. I know all the heartaches, the yearning to give the children more, the fatigue that comes after a day's work at the hospital, and then managing the house on top of that. Fortunately in my case, teachers were cooperative and their help was enormous at times when the boy had to have his lunch

powerful protection

prolonged protection

pleasant protection

with **Bactine**

BRAND Reg. U.S. Pat. Off

versatile antiseptic

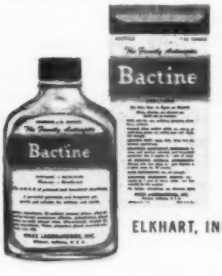
powerful protection—Bactine is effective against most pathogenic bacteria, gram negative and gram positive, and against at least 14 types of common fungi. Even a dilution as high as 1:4000 of BACTINE keeps Staphylococcus aureus from growing or multiplying.

prolonged protection—Bactine keeps surfaces actively antibacterial for more than 4 hours despite re-contamination. Hands that had been washed in BACTINE gave a zero count for micro-organisms after 40 minutes in rubber gloves; hands washed in 70 per cent alcohol gave a bacteria count of 767,000 after the same period in rubber gloves.

pleasant protection—Bactine is gentle to tissues and practically painless on abrasions and cuts. It has a clean, fresh odor and does not stain.

some of Bactine's many uses

- Hand disinfectant
- First aid, burns, etc.
- Disinfectant for instruments
- Sanitizing sickroom
- Backrub, massage
- Preparation of skin for surgery



- Bactericide
- Deodorant-detergent
- Fungicide
- Antipruritic

MILES LABORATORIES, INC. ELKHART, INDIANA

at school, while the little girl stayed with a friend, because I had no housekeeper.

A competent person to care for a child is at a premium unless the mother is in circumstances to pay a goodly sum each week. Then too, one may secure an efficient housekeeper but one who has no thought for the welfare of the child as far as his mother needs are concerned. This all adds up to worry for the mother and a disgruntled and nervous child.

More's the pity that our Aid for Dependent Children could not be greater so that a fatherless home might keep its mother and her little brood together. Not all agencies limit their help to financing the home but most of them do. There is so much more to managing the fatherless home than just feeding and clothing the children.

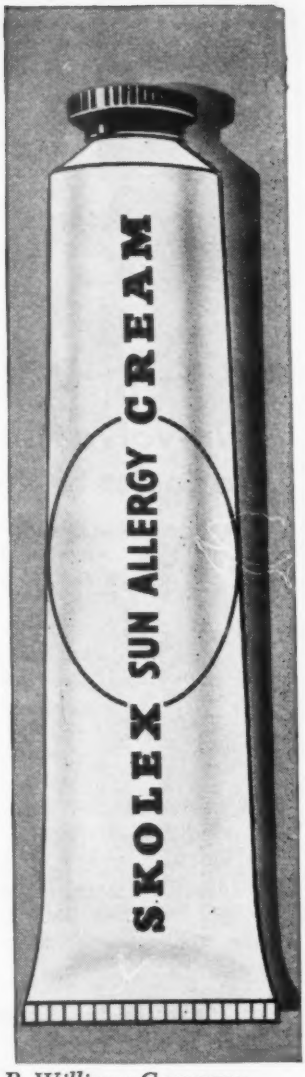
Teachers cannot possibly create a sense of well-being and security in a child whose home is in a turmoil and whose mother, working all day, comes home at night feeling glad to see her child but worn to a frazzle. A teacher, however, can help by visiting the home, letting the child know she is interested, and perhaps helping an older child find after-school employment.

The public health nurse can be of immeasurable help in these homes. I know, for I have been a public health nurse and social worker. She may get nowhere in the home of the selfish mother, but in the home of the working mother whose income is insufficient she may help the child by just being interested. Children love

New

A scientifically tested Sun Allergy Cream

SKOLEX



SKOLEX Sun Allergy Cream is virtually impenetrable to wave lengths 2900 to 3200 A.U.—the region in the spectrum most responsible for sunburn and other skin reactions to ultraviolet rays.

SKOLEX is recommended, therefore, for maximum protection against hypersensitivity or allergic response of the skin to these wave lengths.

Unique protection of SKOLEX against ultraviolet has now been verified by one year's testing by Doctors.

ACTIVE INGREDIENT: Propylene Glycol Para Amino Benzoate

BASE: Stearic Acid, Cetyl Alcohol, Petrolatum Triethanolamine, Hydroxy Benzoate, Menthol, Perfume (non-irritant), Water.

Samples are available for clinical use. Write ***J. B. Williams Company,*** *Glastonbury, Conn., or use coupon below.*

THE J. B. WILLIAMS COMPANY, RN-1
Glastonbury, Connecticut
Send me samples of Skolex for clinical use.

NAME _____

ADDRESS _____

CITY _____ STATE _____

to see the nurse arrive at school but at home it is a doubly interesting visit. Clothes which are "pass-me-downs" may bring a glitter to the eyes of some fatherless child. To the child any gift is more than a gift; it is a symbol. He feels that there is someone who loves him, and at night goes to sleep hugging the one-eared teddy bear, feeling more secure and immensely more happy.

Let me state emphatically, that no mother should work unless there is a grave necessity. Mother's place is at home. No one takes her place—ever. Her love surmounts everyone else's. Mothers who work for money not necessary to the home should face this squarely. If the man of the house brings in sufficient income the mother should stay at home. More clothes, a better house, "keeping up with the Joneses" never will bring the happiness that she will find in bringing up her growing child in an atmosphere of security, and being what she is intended to be—a mother.

(Mrs.) Mildred E. Lyons, R.N.
Worcester, Mass.

FROM THE HEIGHTS

Dear Editor:

How do we view the newly graduated nurse—from her beginner level, immediately after commencement exercises, or from our hills of experience where we have climbed so gradually from the very base where the new graduate now stands? No one doubts the need for experience following learning, but experience can be narrow in scope. Unless

BROMO-SELTZER

gives fast 3-way help for

HEADACHE

upset stomach, jumpy nerves

Very often, the strenuous on-duty life of a nurse causes headache pain. That's why it is wise to keep a supply of Bromo-Seltzer handy.

Bromo-Seltzer is the famous time-proved product that not only brings fast help for the pain of ordinary headache but also for the upset stomach and jumpy nerves that often go with it.

Quick! Pleasant! Bromo-Seltzer effervesces with *split-second action,* ready to go to work at once. And it's so pleasant tasting! Follow the label, avoid excessive use. For best results use cold water.

Proof of Popularity: Today more people than ever use Bromo-Seltzer. *You* must be satisfied or your money back!

Get Bromo-Seltzer at your drugstore fountain or counter today. It's a product of the Emerson Drug Co. since 1887.

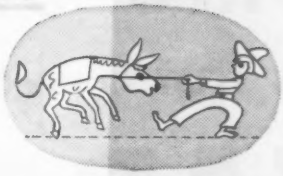
even in stubborn

slow healing **wounds**

burns

ulcers

(decubitus, varicose, diabetic)



Desitin®

OINTMENT

the external

cod liver oil therapy

accelerates healing

New clinical studies[1] again prove the ability of Desitin Ointment to ease pain, inhibit infection, stimulate healthy granulation, and accelerate smooth epithelization in lacerated, denuded, ulcerated surface tissues . . . often in conditions resistant to other therapy.

protective, soothing, healing **Desitin Ointment** is a self-sterilizing blend of high grade, crude Norwegian cod liver oil (with its unsaturated fatty acids and high potency vitamins A and D in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Does not liquefy at body temperature and is not decomposed or washed away by secretions, exudate, urine or excrements. Dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

write for ***samples*** *and reprint*

Desitin CHEMICAL COMPANY

70 Ship Street, Providence 2, R. I.

1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

the years bring opportunities for service in several branches of our profession, we are hardly prepared to judge the new product fairly. Shortly after graduation in 1912, I was on private duty as was a friend of mine. She had the hard luck to be called to care for a patient who was very ill following major surgery. The surgeon was the most difficult of doctors to serve. Everything seemed to go wrong for my friend but the final blow came when she heard an older nurse say, "I suppose she has it in her but one wonders if she will ever be a real nurse." It has been a great satisfaction to me through the years to see my friend reach heights in our profession never attained by her critic. I like the line in Miss Geister's "The Value of Experience" [R.N., Aug., 1950] in which she says "—it takes time for any good thing to grow."

(Mrs.) E. G. Richards, R.N.
SALT LAKE CITY, UTAH

WEEKEND WARY

Dear Editor:

I've a pet peeve that I'd like to air, if I may. Whether or not it can be remedied remains to be seen.

I'm a married R.N. and at present am taking private cases only. It has become increasingly apparent that patients dare not need a special nurse over weekends. They can have nurses anytime but not then; there are no nurses available. It's a deplorable situation, to say the least.

Not to be misunderstood in any way, let me say that I believe in the

inalienable rights of all human beings, nurses included. Nurses need time for relaxation just like any other woman in business but when has nursing come down to the level of *any* business? We are dealing with lives, or has that escaped us? It is a terrible situation when a patient might die for want of special care if his need for a special duty nurse comes over the weekend. Do we stop being nurses then?

Wouldn't it be possible for registries to insist upon nurses taking calls on weekends on a rotating basis? A nurse belongs to a registry because she wants work, so if necessary it should be put on a business basis. The registry could say, "No weekends—no cases." In anticipation of an argument—I can't believe the world condition has anything to do with the weekend shortage of nurses.

MILDRED T. KUHN, R.N.
BROOKLYN, N.Y.

OPEN SESAME

Dear Editor:

I want to tell you what **R.N.** did for me. I came to Dallas in July not knowing a soul. On my first day here I went to have my hair done and I saw a young lady in an opposite booth reading **R.N.** After noting that, I walked over and told her I also was a nurse and a stranger in town. She was working at Baylor University where I was to start in as head nurse in a few days and so I made my first friend in Dallas through **R.N.**

ELSE NORDEN WALDMAN, R.N.
DALLAS, TEX.

The record in PSORIASIS goes to RIASOL

RIASOL sets the record in psoriasis—improvement in 76% of a series of cases. Considering the fact that most of these cases were of long duration, many of them lasting for years, this result is a remarkable therapeutic achievement.

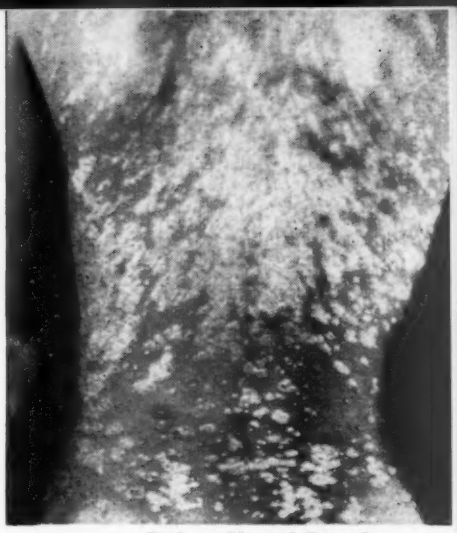
Comparatively speaking, RIASOL acts fast. In some cases the skin lesions of psoriasis cleared completely in a few weeks; the average period was 7½ weeks. To patients who have suffered for many years, this rapid disappearance of the ugly and disfiguring patches seems like a miracle.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

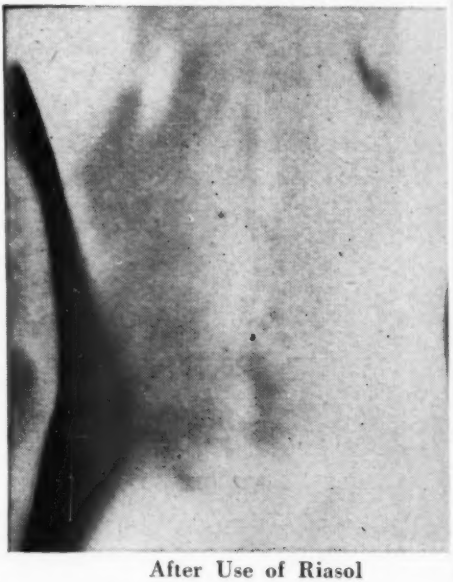
Apply daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages necessary. After one week, adjust to patient's progress.

RIASOL is ethically promoted. Supplied in 4 and 8 fld. oz. bottles at drug stores, pharmacies or direct.

Mail coupon today for a free clinical package. Let RIASOL prove how effective it is at the first opportunity.



Before Use of Riasol



After Use of Riasol

MAIL COUPON TODAY FOR HELPFUL RIASOL

SHIELD LABORATORIES R.N. 4-51

12850 Mansfield Ave., Detroit 27, Mich.

Please send me professional literature and generous clinical package of Riasol.

..... R.N. Reg. No. .....

Street .....

City ..... Zone ..... State .....

RIASOL FOR PSORIASIS

Top-Flight Nurse

Men of the United States Air Force . . . look up to the Air Force Nurse with admiration and affection. Air Force men on the mend after wounds and illness respect the gallant women who serve with them.

These nurses, giving their best to the Air Force, follow interesting and challenging careers as commissioned officers with good pay and allowances. That is one of many reasons why nursing is one of the most rewarding of Air Force careers.

You can have such a career as an Air Force Nurse . . . with chances for post-graduate training in anaesthesia, operating room management and techniques, nursing administration, neuropsychiatric nursing and other fields. Nurses already trained in these fields are needed, too. Some . . . with special qualifications . . . may train as flight nurses. But *all* Air Force Nurses are *top-flight nurses.*

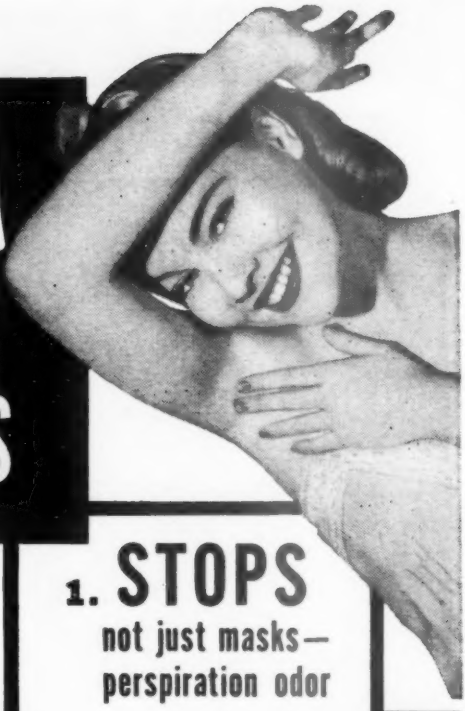
Find out for yourself . . . write to The Surgeon General, U. S. Air Force, Washington 25, D. C., Attn: AFCSG-Dept. 3, for details . . . and a copy of the Booklet, "Career With a Future."

U. S. AIR FORCE MEDICAL SERVICE

YODORA

the deodorant that works

TWO WAYS



1. STOPS
not just masks—
perspiration odor

2. SOFTENS
and beautifies
underarm skin

Oh joy, oh bliss! YODORA is different... doubly divine, doubly effective, because it's made with a face cream base. Works two ways: **1**—really stops perspiration odor... **2**—keeps armpits fresh and lovely-looking as the skin of neck and shoulders. Safe for clothes, too. Today, try YODORA, recommend it to your patients with confidence! Product of McKesson & Robbins, Bridgeport, Conn.

Tubes or jars
10¢, 30¢, 60¢

Guaranteed by Good Housekeeping

ACCEPTED FOR ADVERTISING IN PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION

Science Shorts

Use of plasma from new mothers, the latest hope for arthritis sufferers, is the discovery of Dr. Louis W. Granirer, Jamaica, L.I. Believing this is an advance over the ACTH and cortisone treatments, Dr. Granirer says the plasma has shown long-lasting curative powers with no toxic side effects. Another big advantage is the ready availability of the supply of plasma as compared to the scarce and expensive hormones.

*

One of the newest radiopaque substances for diagnostic visualization of the gall bladder is a product of the Sterling-Winthrop Research Institute, presently called WIN 2011.

*

Stressing prevention as the best way of reducing the number of newborn children afflicted with cerebral palsy from Rh factor incompatibility, Dr. Meyer A. Perlstein of Chicago, writing in *The Crippled Child* magazine, suggests selective marriages of Rh negative women with Rh negative men. Other preventive methods are total blood transfusion for the child suffering from blood incompatibility effects and the still unproven procedure of injecting protective substances to prevent the pregnant woman's antibodies from damaging the child. Dr. Perlstein states that only one in 25 children born to Rh negative mothers will develop erythroblastosis fetalis and of these, only one in five will have cerebral palsy.

*

AMA President Dr. Elmer L. Henderson has announced that about 70 million people carry some form of voluntary health insurance.

*

Successful use of a small piece of rubber plasma tubing as a simple and effective cord tie is reported in the *Journal of the Medical Society of New Jersey*. Slipped on to the cut cord with an Allis clamp and hemostat, the "rubber band" stayed in place in the 100 experimental cases. There was no bleeding or oozing and nurses reported cords seemed to dry up faster than those tied with the conventional tape.

*

Stenediol, manufactured by Organon, Ine., is claimed to possess the tissue-building effects of testosterone with less stimulation of secondary sex characteristics.

*

ACTH is credited with saving the life of a man who had suffered a 70 per cent skin loss from a gasoline fire. The medicine was given for 92 days and there was no pain, shock,

or poisoning and very little scarring. Most gratifying of all was that skin grafts from other persons were successful, heretofore not possible except in identical twins.

*

A preliminary report by Drs. William A. Spencer and Charles S. Coakley in the Medical Annals of the District of Columbia *indicates that a new intravenous barbiturate, Surital Sodium, provides a short recovery period and a complication-free postanesthetic period.*

*

Tyrolaris (Sharpe & Dohme, Inc.), the first antibiotic mouth wash to appear on the market, contains Tyrothricin, d-Panthenol and a surface active agent which helps to spread the solution throughout the mouth. Its manufacturers recommend it for oral hygiene as well as for lessening the possibility of infection from injury to mouth tissue and dental prophylaxis.

*

The terrible fear, common when a case of leprosy is reported, is groundless, says the JAMA, *for leprosy as it occurs in the U.S., possesses such slight possibilities of being transmitted that in most states it is not even included among the communicable diseases.*

*

Research in WHO influenza centers indicates that the virus responsible for the flu outbreaks in England belongs to type A-prime. The preparation of suitable vaccines must await further identification of the isolated virus strains.

What Every Woman Should Know About Tampons

by

OLIVE CRENNING

Special Representative to the Nursing Profession

"*Is it really safe to use tampons?*" The young woman in my office echoed the question of women everywhere who have heard of the new freedom, the self-assurance, the poise that comes from using this modern, internal method of sanitary protection.

Here are the facts: *A recent national survey of 900 leading gynecologists and obstetricians indicates that medical specialists overwhelmingly find tampons safe for normal women.*

In the few years since they have been on the consumer market, tampons have proved to be the most important news in sanitary protection yet discovered. Invented by a physician and originally used in medical practice, tampons are regularly worn by thousands of registered nurses. As one woman tells another, the safety and convenience of tampons have resulted in a rapidly growing popularity, backed by medical approval.

Tampons completely eliminate the need for sanitary belts, because they are worn internally and invisibly. There is no possibility of odor which forms only on contact with air. Bothersome chafing and uncomfortable bulk are eliminated. The woman who uses tampons can swim, bathe, and shower in perfect safety (provided the water is not too cold), and there is no revealing line.

For the young, unmarried girl, tampons offer the same reassuring, safe protection. Medical literature shows that no change in physical structure is involved when a single girl wears tampons. College girls, with a knowledge of anatomy and biology, form one of the largest groups of tampon users because they realize the feasibility of the tampon principle. They find that the comfort and freedom from embarrassment materially eases the problems of menstruation.

The better tampons, like Meds, are made of soft, highly absorbent, surgical cotton, are individually wrapped for extra protection. They are quicker and easier to use because each has its own improved applicator—and to meet individual needs, Meds come in junior, regular and super sizes.

If you would like to try tampons, write for a free sample of Meds in a plain wrapper. Indicate the size you want and address Miss Olive Crenning, Nursing Consultant, Personal Products Corp., Dept. RN-4, Milltown, N. J. (Only one sample to a family, U. S. only.)

SIMPLE TEST PROVES *INSTANTLY* PHILIP MORRIS ARE LESS IRRITATING

*Now you can confirm for yourself the results of the published studies**

HERE IS ALL YOU DO:

1 . . . light up a PHILIP MORRIS

Take a puff—DON'T INHALE. Just s-l-o-w-l-y let the smoke come through your nose. Easy, isn't it? AND NOW...

2 . . . light up your present brand

DON'T INHALE. Just take a puff and s-l-o-w-l-y let the smoke come through your nose. Notice that bite, that sting? Quite a difference from PHILIP MORRIS!

With proof so conclusive . . . with your own *personal experience* added to the published studies* . . . would it not be wise to *change* to PHILIP MORRIS?

PHILIP MORRIS

Philip Morris & Co., Ltd., Inc., 100 Park Avenue, New York 17, N.Y.

**Proc. Soc. Exp. Biol. and Med.*, 1934, 32, 241-245; *N. Y. State Journ. Med.*, *Vol.* 35, 6-1-35, *No.* 11, 590-592; *Laryngoscope, Feb.* 1935, *Vol. XLV, No.* 2, 149-154; *Laryngoscope, Jan.* 1937, *Vol. XLVII, No.* 1, 58-60

Speaks: AS A SMALL

■ A FRIEND PHONED me the other day. He is a hospital administrator of a small hospital nearby; one that has a training school for student nurses—a school in which the community has had a deep pride. It was about this school that he called. He wanted advice; his school had just been flunked by the National Nursing Accrediting Service. After a revisit from the surveyors it was informed in an official report that it had dropped below that borderline of acceptable minimums. This came as a blow to a school that previously had been approved by the National League of Nursing Education and had also appeared on the NNAS' 1950 Accreditation list.

I listened as he imparted the news to me in a bewildered voice. And I was more than mildly surprised when he followed up his statement with, "But, Alice, think how this decision will handicap our students in their future careers as graduates." His first thought had been of his students' future, not of the hospital's finances or of its prestige. That didn't sound like the hospital administrator—or at least the stereotype of the hospital administrator so many of us have come to accept. This one wanted his students to have the best. Some one had fallen down on the job. But this impulsive statement leads me to believe it wasn't he who had.

Leaving myself wide open to charges of unscientific and unprogressive thinking, I still maintain that regardless of a curriculum that apparently needs renovation, somewhere along the line, someone, administrator, director or instructors has instilled in the students and graduates of this hospital the true meaning of the words compassion and nursing spirit.

How do I know? No, I haven't been a patient in this hospital, but

HOSPITAL SUFFERS—

of more significance, I have taken patients to it. The town in which **R.N.**'s office and its presses are located is without a hospital, therefore depends upon the facilities of adjacent communities.

It so happened that in the three instances I accompanied patients to this particular hospital's emergency ward it was noon hour and a depleted staff was in attendance. Under the circumstances a sin of omission or commission could understandably be excused. There was none. The patients were treated with conscientious consideration by both nurses and interns. As welcomed guests of the hospital, it didn't matter whether they wore the overalls or white collar of their economic strata. And the hospital personnel, not knowing me from Adam, treated me, not as an unavoidable nuisance, but as a person interested in the welfare of the patient.

There is no doubt in my mind that this hospital school will qualify for accreditation before too long, but as I watch a small hospital nurse its wounds, I would like to point out that the humanized nursing service given at this particular hospital seems to belie that sub-standard paper classification.

To me that emergency ward reflects what is taught throughout that hospital, substantiating reports to the contrary. Good administration is reflected in all policies of a hospital, in all branches of service, down to the attitude of the smallest cog in that hospital wheel.

This experience is being repeated all over the country, but when it hits home even an editor can lose the sense of detachment and objectivity always strived for. Poor hospitals, whether they are small or large, don't deserve commiseration when pressure is brought to bear on them, but when a respected hospital is dealt a blow, it hurts, and makes one wonder.

—Alice R. Clarke, R.N., Editor

AMAZON OUTPOST

■ I WAS INVITED to dinner recently at the little 12-bed hospital in the Brazilian jungle town of Breves, 220 kilometers up the Amazon from Belem. The table was placed on the covered walk which leads from the back door of the hospital to the separate kitchen. It was fine weather for outdoor dining that evening but even when the tropical downpours come, hospital staff members still eat there, wrapped in raincoats, because a dining room proper was not included in the building plans.

Contrary to popular ideas of life in the Amazon valley, we did not have to mop our brows as we ate, for a cool and rather strong breeze blew all during dinner. Nor did we have to fight mosquitoes, for they had all gone to some other place for the evening. Although we had mandioca, which is to the people of the Amazon valley what the white potato is to the Irish, we also had other dishes, including vegetables, which are rare items in the diet of the valley and for lack of which many natives suffer from vitamin deficiencies.

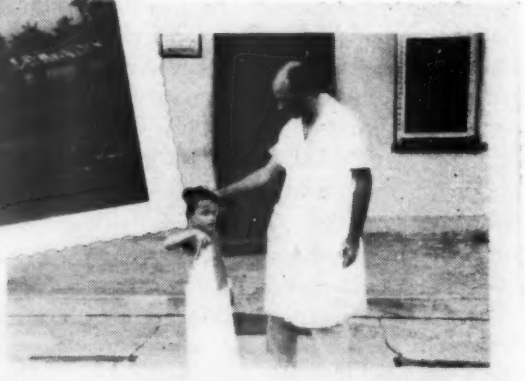
Dr. Walter Moniz Barreto, director of this Brazilian hospital and

health center, sat at the head of our small table, a tall, relaxed young man who likes doctoring the natives. Next to me sat the chief nurse, Maria Tereza Dias Bastos, who wore a handmade embroidered blouse that would have brought a fancy price at a Fifth Avenue store. Dona Maria's staff consists of nine auxiliary workers, and a *visitadora* or aide who does the home calls for the health center. Across from me sat Josefina Mello, a public health nurse, who had been working with the *visitadora* for a few weeks and was going back to Belem with us on the launch. Also facing me was Sue Nickerson, the North American consultant in public health nursing, assigned to the Amazon valley by the U.S. governmental agency—The Institute of Inter-American Affairs.

During the meal I remarked that I heard no sound of vehicles, whereupon Doctor Walter laughed and said they had none. What would Breves be doing with vehicles? There were no roads leading out of this town. We were just outside the arms of the jungle. It was waiting out there all around the village, vast, dark, brooding, implacable—and filled with God knows what. I asked if Breves had a motion picture theatre and he smiled and shook his head.

Breves, a town of some 900 souls in the southwest section of Marajo island, has perhaps 350 houses, all of them simple structures with big openings without glass, some of

by Hazel O'Hara



Hazel O'Hara, who is as much at home in Latin-American countries as she is in the U.S., is a traveling staff writer for the Newsletter of The Institute of Inter-American Affairs, Washington, D.C.

them merely huts. The saw mill near the shore is the town's only industry, although Breves is a port for the shipment of rubber and nuts as well as lumber. On the shore also is a small plaza where a church raises its cross on high. Anyone who takes a boat trip up the Amazon must bring back awed memories of these chapels lifting their crosses dauntlessly in the clearing between the jungle and the river.

We had come up the river on the launch of the Servico Especial de Saude Publica or Special Public Health Service. This agency, known widely in Brazil as the SESP, is an inter-American organization, one of its parents being the Brazilian Ministry of Education and Health and the other our own government's Institute of Inter-American Affairs. The U.S. broached the idea of a joint public health program to Brazil in 1942, and in July of that year the newly-organized SESP headed up the Amazon valley to provide health services for the men who were working for the war-accelerated rubber industry. Although the SESP was created by the war, its diligent work has brought such enduring benefits and has been so well received that the cooperative program has been extended from year to year.

The activities of the SESP are too far-reaching to be covered in a short article, but the influence of this program on nursing may be summarized, though skimpily, under two headings. One is the training of nurses. The SESP promoted the school of nursing in Sao Paulo, which in six years has become an outstanding institution; it is now backing the new schools being started in the cities of Recife, Sao Salvador, Manaus and Porto Alegre. The SESP has also given study grants to Brazilian nurses enabling them to take postgraduate training in the U.S. and groom themselves for positions of responsibility in the new schools and the health services which constitute the other sphere of nursing influence.

A total of 20 health centers and 24 sub-posts have been started in the Amazon valley, and according to Tessie Williams, the Institute's nursing consultant in the Belem office, it would take nine months of continuous travelling by launch to visit them all. Two hospitals have been established, the one at Breves and another (60-bed) at Santarem, a city of 10,000, located 500 miles up the river. The shining, orderly condition of the combined hospital and health center in Breves makes even the casual visitor uneasy about treading the corridors with his septic shoes. It is a good example of how this inter-American program is introducing medical and nursing services to remote areas where people have hitherto lived without any help at all, many of them without ever laying eyes on a doctor or a nurse.

Although the people of the jungle may not have known what they were missing before the Breves outpost was established, they have learned to make use of it. Doctor

Walter told me that they make long journeys by *canoa* to bring their sick to the hospital. He said that just two days before, a critically ill woman with a retained placenta had been brought in after a three-day trip in a *canoa*.

The Breves post has jurisdiction over a jungle district of some 72,000 square kilometers with a population of about 54,502. There are sub-posts at Araticu, Portel and Curralinho, manned by *guardas*, men who have been given a practical course directed mainly to the control of intestinal parasites and malaria. Twice a month a doctor from the Breves health center makes a trip to these posts by launch. *Canoas* are ready at the posts for the transport of the sick, and a launch is kept at Curralinho to carry patients to Breves.

The doctors bring back from their trips some fantastic medical recipes. One treatment given by jungle people to a patient with fever consists of a tea made of dog's dung, and a bath in the urine of the patient's parents. For a month after the fever has subsided, the poor fellow is not allowed to eat anything he did not eat during the fever, and by the end of the month, quite understandably, he is ready to die of starvation.

However, Breves itself has shed old ideas and taken on new ones quite rapidly since the hospital and health center opened in 1945. One reason for this, Doctor Walter said, was the DDT experiment. Formerly there was so [*Continued on page* 68]

BOOK REVIEWS

Geriatric Nursing—

by Kathleen Newton, R.N., M.A. This text is the first in its field and will be especially valuable since the author demonstrates a sympathetic understanding of the environmental and social factors which affect disease and illness in the aged and discusses the importance of good nursing care and health education in treating clinical conditions common to older persons. The illustrations are excellent but it is unfortunate that the choice of type-face and a too-glossy paper make for difficult reading.

Composition of Foods - raw, processed, prepared—

Agriculture Handbook No. 8. These tables are practical and highly useful in calculating special diets and also handy for reference on composition and caloric value of foods.

Hospital Nursing Service Manual —

prepared by the American Hospital Association and the National League of Nursing Education as a guide for use by nursing and hospital administrators in analysis and evaluation when organizing programs for improvement of institutional nursing services.

Speech Problems of Children —

edited by Wendell Johnson. Written by speech authorities, this guide to understanding, care and correction of speech disorders will aid parents, teachers and nurses in helping the handicapped child to a useful, happy life.

[*Names of publishers and prices are available upon request.*—THE EDITORS]

oh, that aching back!

by Lynne Svec

■ PERHAPS THE ARMY gets credit for popularizing that expression—but there are plenty of nurses who take up the cry after a hard day's work.

Probably nurses, more than any other group, can be numbered among that high percentage of Americans who slow up in their work, skip social engagements or enjoyable sports because of backache. Backache is second only to headache as the nation's most prevalent pain producer.

While it's true that some cases of backache are caused by deformity, injury or disease, the majority of complaints can be traced to the conduct of the victims themselves.

"Ask the man who owns one," goes the advertising slogan—and so it is with the backache-afflicted. Just question a nurse's walking, standing, sitting and bending habits—even the way she makes a bed—and you'll hit on the reason why her back aches at the end of a day (or all day long).

Most likely simple, everyday practices are executed incorrectly, and that's where the trouble begins—and never lets up.

Any normal day sees the average nurse flirting with numerous working hazards which beckon backache. Record the number of duties you perform in one day, and you would probably find close to 50 which, if done improperly, constitute sufficient cause for backache. Bedmaking, window-opening, reaching, lifting

are only a few that would head the list.

Here are some general rules designed to promote back comfort:

▶ Watch your weight. Excess weight is just that much more for the spine to bear. Also a protruding abdomen throws your body out of balance—overtaxes muscles.

▶ Take it easy. Your capacity for work is the amount you can perform without feeling unreasonably tired. If possible, six, five-minute rest periods spaced intermittently through your working day will give you more than a half hour's worth of relief in the evening.

▶ Treat yourself to leisurely hot baths. Twenty minutes in an evening tub will work wonders in soothing the nerves and releasing muscular tensions which have mounted during the day.

▶ Stretch often. Any time you can snatch a few minutes during the day, stand on tiptoes, hold your arms overhead, and reach for the ceiling so that you feel the stretch throughout your body. Relax completely to the point of sagging. Now stretch again.

▶ Avoid eyestrain. Reading in a poor light tightens neck muscles and causes undue strain on the upper back, which can lead to a stiff neck.

▶ Walk rapidly, especially when outdoors. This is effective in strengthening muscles.

And, along more specific lines, the following pointers are given, not on ly to correct bad habits, but to indi cate good everyday practices which will help pave the way toward back relief.

When you climb stairs hold your back erect. Bending over slackens hip and abdominal muscles and relegates all the work to your legs.

Never stretch across the width of a bed to even covers. Stand close to the bed and reach only as far as the middle, then walk around to other side. When you do bend over, keep head and back in a straight line with knees slightly flexed. And when you crouch to tackle a mitered corner,

make a deep knee-bend with head and back in a straight line and shoulders relaxed. Hold the abdomen up and in.

Any time there's scrubbing to be done, get down on all fours, back flat and head up. Place water pail near you. Do small areas at a time. To relax, come up to praying position with a straight back. Stretch arms out wide at sides, then straight up over head. Sit back on heels. Round back and drop forward, arms relaxed. Repeat three times.

Don't tug on the bottom of a window to raise it. Instead, stand close and square in front of it with back straight. Place both palms on upper frame and push up with equal pressure. Bend the knees to push up, so that some pressure is taken by the legs. For that matter, in every reaching motion, you should relax the knees first thus transferring part of the weight to the thighs and relieving the tension on the back and the lumbosacral joint.

Whenever you don't have to stand, sit — to relieve back strain. Whenever possible, sit with your feet on a raised stool, or at least with them flat on the floor. If you can manage it, sit with a pillow under your thighs just behind the knees. This will raise them and tend to arch your lower back, thereby raising the angle of the lumbosacral joint and relieving the strain. Also, get a wedge-shaped pillow and put it at your back so that any lordosis is further reduced.

If the procedures described are highly inconvenient, you can at least practice better sitting posture. When you sit down, push back in the chair until your hips are touching the back of it; then arch your back so that the curve is reduced and slide your legs forward. You then make a natural arch for your back and reduce the strain.

To stand properly don't emulate the posture prescribed by the Army or Navy. That strict serpentine shape a typical West Pointer must assume when standing at attention throws the whole body stiffly out of line. You can tell whether you are standing correctly if a plumb line dropped from the top of your forehead falls forward to your instep at the base of the toes. Furthermore, stand with your feet apart slightly pigeon-toed, so that the weight is thrown on the outside of the feet. Relax the knees forward and hold in your buttock muscles firmly enough to tuck your coccyx under. Hold your abdomen in and your chin down toward your collarbone. In this posture, you'll find your weight equalized between back and upper legs—just as it should be.

Poor sleeping habits are still another contribution to backache. A sagging mattress is one step in the wrong direction. If the mattress isn't firm get a bedboard or plywood and put it under the mattress. This will hold it firm and level; you'll rest better and your posture will improve. Pillows which force the neck into a strained position and tight bedclothing which prevents free foot and leg movements cramp the body and can produce backaches.

Mental [*Continued on page* 66]

CANDID COMMENTS—

Displaced Nurses

■ WE HEAR MORE and more of "irresponsible" nurses. They want only the favorable work shifts; they insist on their week-ends and all holidays. They stay away from work without warning or on last-minute telephone notice. They don't belong to their professional associations, or if they do, they turn out only for the meetings given over to talk of more pay and shorter hours. They accept responsibility only for the work assigned to them; the help troubles of the institution are not of their concern. These complaints, and others, relate in the main to our general duty group, representing well over one hundred thousand nurses. Of course they do not relate to all of these nurses, only to a part of them.

It is easy to point fingers at such nurses and thus exempt ourselves from any duty to examine the symptoms and causes of their "irresponsibility." Yet powerful forces have had so great an impact on our morale that unless we recognize and meet them intelligently, their effects can dangerously sap our moral fibre and threaten patient care. While unquestionably there are selfish nurses who take their responsibilities lightly, the main fault lies not with individuals. The Lord isn't sending us a different breed of humans, rather, we humans have created new conditions that separate nurses from their old sense of belonging and of duty.

A combination of events has greatly altered the position of nurses and thus increased their sense of insecurity. This insecurity involves not only their money budgets, but also their power to control the conditions that make for good nursing care and high nursing morale. Insecurity inevitably quickens self interest and self protection. This is true in every condition of life; insecurity breeds wars of every dimension and type.

A potent factor in the nurses' displacement has been the great advance of medical science with its assembly-line procedures that have fragmentized both patient and nurse. In the place of one doctor and one nurse devoting their energies to the patient, there are now a variety of other workers. The old nurse-patient relationship in which nurses developed the ability to accept responsibility for total care has been knocked into a cocked hat.

In the simpler days of medical care, before hospitals became complex industries with a fast and furious patient turn-over, nurses were identi-

by Janet M. Geister, R.N.

fied both with the institution and the patient. The migratory movement of nurses was yet to become a problem; nurses stayed with the hospital that had trained them and in which they were at home, and the hospital took care of "its own." Student and graduate alike, either on general or special duty, gave well-rounded care to the patients assigned to them. This included the bath, medications, treatments, room care, and *concern for the individual*. There was both time and opportunity to know the patient: to know what he was in for, to understand his quirks and needs, to see the results of the treatments given. There was a deep security in this despite low wages and long hours, for good patient care yielded satisfactions; it identified the nurse with the hospital's main product—restored health—and the nurse worked more as a partner than as a job holder.

The advances of science brought their own form of mass production, and mass production in health did to many nurses what mass production in industry did to many workers. It greatly increased the general benefits to society, but destroyed the workers' sense of accomplishment. It came between the worker and the completed job. It changed prideful and satisfying vocations to jobs that spelled little more than bread and butter. In industry the worker left his little shop where he made a whole shoe, for the factory job of making part of a shoe. He became dependent upon the factory for his living; he had to accept its conditions of work, its standards of workmanship; he had to lose his identity as an artisan. He began travelling hither and yon, always hunting for better conditions.

This separation of the worker from his industry or vocation brought a long and bitter struggle. While wages and hours have been the outward points of contention, the real causes of labor unrest lie deeper. Men do not live by bread alone. There must be job satisfactions, a sense of contribution to the public good, and a sense of belonging. These instincts in man are strong and eternal. "If there is any meaning that can be derived from the persistent grouping of men (in unions) . . . it is that work must fill a social and moral as well as an economic role. The vacuum created between the job and the man has proved intolerable . . . Man has to belong to something real, purposeful, useful, creative; he must belong to his job and to his industry."*

Mass production in health has many aspects; sheer volume of work is one. A growing population, more older people, more long term illnesses, more accidents, more dependence upon the hospital and less on the home for sickness care, all help to increase bed use. We lack too, large numbers of well-conducted nursing homes for the many patients with reduced nursing needs. Another element is the greatly increased use of hospital equipment in the modern diagnosis and treatment of disease. Speed too is a factor. Illness, birthing, surgery and accident must be

*Frank Tannenbaum, *The Philosophy of Labor*, Alfred Knopf, 1951.

looked upon as interrupting incidents rather than major events, as though a few hours' delay in ambulation might reflect on the physician's skill, the patient's will to live, or on the almighty power of science.

Perhaps the greatest single factor in the nurse's displacement is the magic of the new medicines. We veterans who once fought hour after hour even days on end over a patient to hold death in abeyance now see these hours miraculously bridged by a shot of penicillin. We rejoice in the miracle but we mourn the lack of further opportunity to mobilize our *full* forces to the benefit of the patient—the forces of our knowledge, skill, judgment, and above all our will that he shall live. The very lack of scientific resources made us give our whole personality to the task.

Scientific advances have cut sharply the need for such battles. Our patients have gained immeasurably through them, but they have lost something too. Sick people still need the sympathetic understanding and close observation of a nurse responsible for their total care, but science and mass production demand a different approach. The responsibility for patient care has been dispersed over a wide variety of people. The nurse's contact with patients has been shortened, often highly specialized; a series of processes, of doing things to him, not for him. He has been fragmentized and impersonalized—and too often, so has the nurse.

Nursing in many ways must follow the practices of medicine. It is the

Probie

You!!!

doctor who fills the order book and who places upon the director of nursing the heavy burden of getting the orders carried out. She has no choice—the work must get done. It is not blasphemy or disrespect to pray for a little less obeisance to science and a greater use of the wisdoms our five senses can develop through disciplined experiences. Science is a cold god; it has extended the life span but has not enlarged man's spiritual stature. Bodily ills are skillfully managed but what of those of the mind and spirit that come with the shock of illness or accident?

As processes multiplied and work piled up, many duties once considered nursing have been transferred to other hands. The practical nurse and nurse's aide have been a boon in getting the work done, but they have also added to the nurses' sense of insecurity. The question of inequable wage differentials looms high and waxes hot, but the real issue lies deeper. The nurse has been separated more and more from his and her *natural* job—good patient care. The sphere of activity is becoming more restricted. It isn't jealousy over the job itself, it is jealousy for the quality of the service that surrounds the patient.

I believe that in our division of duties between the professional and non-professional worker we've moved too far from the art of nursing in the interests of the science of nursing. This is an observation, not a criticism, for we are in the learning process. We've tended to make science our god, and nursing art a handmaiden. Yet good nursing cannot be precisely catalogued; it cannot be, for good nursing is first of the spirit and then of the deed. If ever that fact is forgotten we will have traded our birthright for a mess of pottage. An aide can make a bed and give a bath. Yet there's a lot to learn about a patient during these processes, for subjective observations of the patient are as important as objective ones, and there's a lot to give the patient at the same time. We still have much to learn about the right division of duties.

It is only natural that the restriction of nurses' activities into areas that do not provide satisfactions and the fragmentization of their work tend to separate them from their vocation as surely as the industrial assembly line has separated workers from theirs. Nurses' sense of identity with the institution as well as with the patient is broken—and the degree of "irresponsibility" that ensues is in direct ratio to the degree of insecurity that comes. I hold firmly to the belief that the majority of nurses want to do good nursing—at least that was the idea they started with. But if they can't earn a living except by conforming to the assembly line, "well, O.K., we have to eat."

When we don't get satisfactions in one place we seek them in another, and it is not strange that nurses' satisfactions with outside interests often interfere with their willingness to meet unusual demands—or even usual demands—from within. Requests for [*Continued on page* 65]

R.N. FASHION NOTES for NURSES

by Suzanne Chapman

THE NEWS: Best dress styling

THE PRICE: $7.98—cotton poplin
$14.98—nylon

Here's a uniform as attractively styled as a best summer dress. The bib-front is tucked on the diagonal and pockets are tucked to match. When we tried it on we especially liked the easy cut of the skirt, and with summer just ahead, the convertible neckline that is pretty either way. Uniform Guild, who made this uniform knew how flattering it would be to most women and thoughtfully made it in both nylon and two-ply cotton poplin. They offer a choice of sleeves too—elbow length or perky short ones.

Sizes: Nylon—12-20
Cotton—9-15, 10-20

Manufacturer: Uniform Guild, 1350 Broadway, New York 18, N.Y.

SHOP TALK

THE NEWS: Check for Spring

THE PRICE: about $18

We love this bib-fronted dress with its trickle of rhinestone buttons. Made of black and white checked rayon men's wear it will see service all spring and throughout the summer. The collar is underscored with white pique and there's a circle of black patent leather for a belt. We're going to wear ours with a dark red carnation and white shortie gloves.

Sizes: 10-18

Manufacturer: Bedford Dress Co., 1385 Broadway, New York, N.Y.

THE NEWS: Paris says forward is the word

THE PRICE: about $13

This wonderful bonnet is as feminine as it can be with its two bouquets of flowers at each ear. The pitch of its brim has the official seal of approval from Paris which declared the forward look **the look** for spring. In thirteen colors. Swiss milan.

Manufacturer: Brewster Hat Co., 411 Fifth Ave., New York, N.Y.

THE NEWS: All-year topper

THE PRICE: around $40

We can't think of a time when this coat won't be of service. In the spring over a suit—in the summer swinging over your prettiest dresses. The fall will see it over suits and you'll wear it many times when winter gives us a surprise mild day. Three-quarter length with tapered raglan sleeves and free-flowing back. In fleece and Pasterlure worsted.

Sizes: 7-15, 8-18

Manufacturer: Sportleigh Hall, Inc., 533 Seventh Ave., New York 18, N.Y.

THE NEWS: Scarfs and sabers

THE PRICE: Scarf, $2; pin, $5 plus Federal Tax

Sabers flashed with bright colored stones are an exciting spring accessory from Coro. The scarf, by Glentex, is made of pure silk twill and comes in many exciting color-blending combinations.

Manufacturers: Coro Jewelry, 47 W. 34th St., New York, N.Y.
Glentex, 417 Fifth Ave., N.Y., N.Y.

THE NEWS: Like Lace?

THE PRICE: $5.95

Every woman wants to have at least one slip that is extravagantly edged knee-deep in lace. This one made by the famous Seamprufe Company is beautifully styled of Bur-Mil rayon crepe and bordered with Alencon type lace. There are splits on each side to insure both style and comfort. In white, black and navy.

Sizes: 32-40

Manufacturer: Seamprufe Inc., 412 Fifth Ave., New York 18, N.Y.

Beauty Almanac

This is the time of year for every woman to take stock of the havoc winter has wrought on her complexion. Spring, that wonderfully fresh, between season, acts as a rest period and a time to repair your skin before summer's heat and sun add their toll to your complexion.

Try ten days' special pampering for your skin. Here's a simple and rewarding routine to follow:

Each night cream your face with a good cold cream or cleansing cream and remember to include your throat too. Let the cream stay for a minute or so and then tissue off. Repeat creaming to be sure you've removed the last bit of old make-up and soil—then "rinse" with a cotton pad dipped in bracing skin freshener.

If your skin is oily, follow with a soap and water scrubbing. If you haven't already tried one of the lathering creams, this might be a good time to investigate one of the many new ones on the market.

For dry skin, apply a special dry skin cream or heavy lubricating cream—giving special attention to the dry, line areas around your eyes and mouth. The cream needn't stay on all night—let it stay for the half-hour before bedtime, then tissue off and pop into bed with all the preparations for a fresh new-season complexion completed.

Suzanne Chapman

Look That Camp Job Over!

by Elizabeth C. Payne, R.N.

■ ONE SUMMER in the third week of July a camp director came to me, "Can you help us out, or get someone else? Our nurse is leaving."

When I asked why she was leaving, he shrugged his shoulders. "She says the work is too hard."

"I see," I said, "but you don't quite believe her. Come on, tell me why you think she wants to leave. I'm interested in nurses and camps; together we may find the solution."

"Well, you see," he started, "last year we had 86 children and this year we have only 72, yet last year's nurse never complained of the work being hard. She used to say 'I must give Dicky some cough syrup before he goes to sleep so he'll have a good night's rest and throw off his cold. The poor kid! It's hard on him to be in the infirmary while the others are having a good time.' But this nurse says, 'I hope that brat doesn't keep me awake all night!' Now you figure it out for yourself."

"Then you think it is a matter of *attitude* toward nursing?" I asked.

"Yes, that's the right word for it. The nurse's attitude. Last year's nurse loved nursing. This nurse obviously hates nursing. She is just waiting for the day when she can be a big shot in cancer research."

That his camp nurse was leaving was no surprise to me, for during her first week at camp she had paid me a visit. "I just took this job," she said, "to be out in the country and have lots of time to get some reading done, but I find I'm continually interrupted. And besides, playing nurse to minor cuts, bruises and belly aches doesn't appeal to me. I like broken bones, concussions and real chances to use my knowledge."

She might have told me more of her objections but I knew them from experience. She believed she was underpaid for her hours on duty. She was 26, that fateful age, and on the look-out for a husband. And here she was cooped up with children and young counselors!

If you are interested in camp nursing and don't want to be disillusioned like this nurse, you'd better look at it from all angles before taking the final plunge.

Camp nursing is 24-hour duty for 60 days. The work is not hard, but you are kept in a state of waiting and expecting something to happen. Now this situation is not a particular hardship to one who can adapt herself to such a program. For the married nurse who has had children the 24-hour duty is no particular strain; she [*Continued on page* 62]

SYNTHETIC SLEEP

■ SLEEP, like food and drink, is one of those things you just can't avoid. Even high-powered individuals who scorn it as a diversion for sissies must succumb eventually. And most of us who need the full eight-hour dosage regard it as a desirable and precious commodity. Have you ever noticed the tone of happy wonderment in the old morning cliche, "I slept like a baby last night."?

Some fortunate people have the faculty of turning on sleep like a faucet; when they go to bed they sleep, and that's that until the alarm rings. But others, and there is evidence that this group is increasing in these troubled days, have to woo sleep through such soporific stratagems as soft music, warm milk, counting sheep, and, in far too many cases, recourse to sleeping pills.

This latter stratagem, a sure-fire insomnia chaser, is causing medical and health authorities grave concern—and probably many sleepless nights. True as it may be that such medication has many therapeutic virtues, it is its indiscriminate use that results in dangerous habituation and toxic disturbances. But before discussing the seamier side of the sleeping pill question, let's brush up on our barbiturate background so that we will have some idea of the characteristics and therapeutic qualities of these drugs.

As we all know, the sedative and hypnotic barbiturate drugs with which we are directly concerned induce sleep by their depressant action on the central nervous system.

They should not be confused with the pain-relieving analgesics, or the antispasmodics which have the property of depressing muscular activity. It is difficult though to distinguish some of the barbiturates from anesthetics since a few, in sufficient dosage, may produce a satisfactory general anesthesia.

Barbiturates have been used effectively in medicine for almost fifty years, and in that time hardly a year has gone by that some new derivative has not appeared in the laboratory or on the market. Each of the barbiturates available today exhibits varying degrees of hypnotic, sedative and toxic action due to the substitution and placement of certain organic groups within the original barbituric acid chemical structure.

The classification of these numerous barbiturates is commonly made on the basis of their onset and duration of action; thus, we have drugs with a long duration of action such as phenobarbital and barbital. These are widely employed as long-lasting hypnotics and sedatives in insomnia, anxiety states, hysteria, chorea, manic states, and as adjuncts to the analgesic drugs. Exhibiting an intermediate action are the barbiturates: Alurate, Butisol and Delvinal. Amytal, Nembutal and Seconal are all classified as short-acting drugs. And finally there are the ultra-short-acting drugs, Evipal and Pentothal, used chiefly as anesthetics.

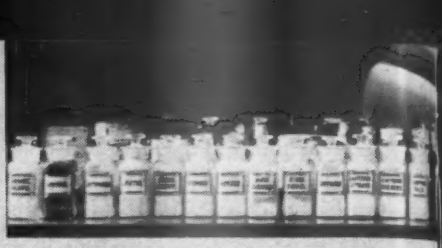
Nurses are generally familiar with the value of these drugs in insomnia, but perhaps some of us have not stopped to consider why the selection of the proper barbiturate in this condition is particularly important. The fact is that there are two types of insomnia. One is the type in which the individual finds it difficult to get to sleep, but once sleep is achieved, can sleep soundly the rest of the night; in the other type, the patient goes to sleep promptly but wakes in the pre-dawn hours and tosses restlessly till morning. It is only logical that the first condition calls for a short-acting barbiturate, and the second, for an intermediate- or long-acting drug.

To list the diseases and conditions for which barbiturates are used would occupy too much space. Suffice to say that they are of special value: in controlling epileptic and other convulsive states, as well as excitement and manic conditions; in hyperthyroidism, hypertension and chorea; as adjuncts to analgesic therapy; as premedication in surgery; and as anesthetics in surgery and obstetrics. Two of the barbiturates commonly administered in several of these conditions, Nembutal and Pentothal Sodium, are discussed in more detail in *Drug Digest,* p. 44. Mebaral, a sedative rather than a hypnotic, was described in the November, 1949 *Drug Digest* with respect to its anticonvulsant property.

One of the special uses of Pentothal Sodium with which some nurses may be unacquainted is its role in psychiatry and criminology. Psychiatric patients who receive limited dosages of [*Continued on page* 53]

by Frances Lewis, R.N.

Drug Digest



PENTYLENETETRAZOLE U.S.P.

(Analeptic)

PROPRIETARY NAMES: Metrazol.

PHARMACOLOGY: Metrazol, a central nervous system stimulant, acts on the midbrain, medullary centers and possibly the spinal cord. Although introduced as a cardiovascular stimulant its value in improving circulation is an indirect result of its beneficial effect on respiration. This stimulation of the respiratory mechanism accounts for its principal therapeutic use as an analeptic in the treatment of barbiturate and narcotic poisoning.

DOSAGE: Metrazol is given intramuscularly, subcutaneously or intravenously in dosages of 0.1 to 0.3 Gm., repeated as required. Large doses may be required in narcotic poisoning but this dosage should be governed by clinical effects. I.V. dosage is given until the patient shows grimacing or twitching, then stopped until symptoms subside and given slowly until recovery of respirations and cerebral functions. A number of other conditions including fatigue and bronchial asthma are treated by oral administration of 0.1 Gm. tablets or an aqueous solution containing 0.1 Gm. per cc.

UNTOWARD ACTIONS: Although toxic dosage may result in convulsions, the drug, because of its evanescent action, is considered relatively safe when used according to medical recommendations.

THIOPENTAL SODIUM U.S.P.

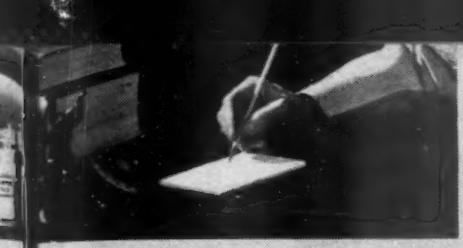
(Anesthetic)

PROPRIETARY NAMES: Pentothal Sodium.

PHARMACOLOGY: Thiopental sodium is an ultra-short-acting barbiturate, similar to Nembutal, but more effective in smaller doses. When injected, it is a rapidly acting general anesthetic with an early recovery period due to its rapid breakdown in the body. For this reason it is used in operations of short duration. Its advantages as an anesthetic include accurate control of anesthesia, few postoperative complications and no fire or explosion hazards. It is also used in psychiatry and criminology.

DOSAGE: In anesthesia, 2 or 3 cc. of 2.5 per cent solution are injected in approximately 10 seconds. If there is no relaxation within 30 to 35 seconds, an additional 2 or 3 cc. may be injected at the previous rate. The drug is available in 0.5 Gm. and 1 Gm. ampuls, and in 3 Gm. vials for rectal use.

UNTOWARD ACTIONS: As a potentially dangerous drug Pentothal Sodium should be administered by an experienced anesthetist with facilities for taking care of respiratory depression and laryngospasm. The drug is contra-indicated in patients with depressed respiration, marked hypotension, hypertension, cardiac decompensation, liver disease, and in children under 10 years of age.



Drug Digest

PENTOBARBITAL SODIUM U.S.P.

(Hypnotic)

PROPRIETARY NAMES: Nembutal Sodium.

PHARMACOLOGY: Pentobarbital sodium is one of the more rapidly acting barbiturates, taking effect in one-half hour and lasting 4 to 6 hours. Because of its depressant action on the central nervous system it is commonly used to produce sedation in convulsive seizures, psychosis and insomnia. It is also employed as a pre-anesthetic sedative in surgery, and as an amnesic drug in obstetrics with or without morphine or hyoscine.

DOSAGE: The average oral dosage of pentobarbital sodium for hypnotic purposes is 0.1 Gm. Infants up to 1 year receive 30 mg. rectally for analgesia; patients up to 3 years receive 60 mg.; and adults 0.32 to 0.38 Gm., dissolved in a few cc.'s of water. Average I.V. dosage for adults is 0.2 to 0.3 Gm. The drug is available in 30 mg., 50 mg. and 0.1 Gm. capsules, ampuls and vials containing powder and solution, and suppositories. Aqueous solutions decompose on standing and precipitation occurs with boiling. Effective dosage is said to be about one-half that of many other barbiturates.

UNTOWARD ACTION: Since smaller dosage is required, there is less chance of side effects such as dullness, headache and nausea. It should be remembered, however, that all barbiturate drugs are habit forming when taken over a long period of time.

PICROTOXIN U.S.P.

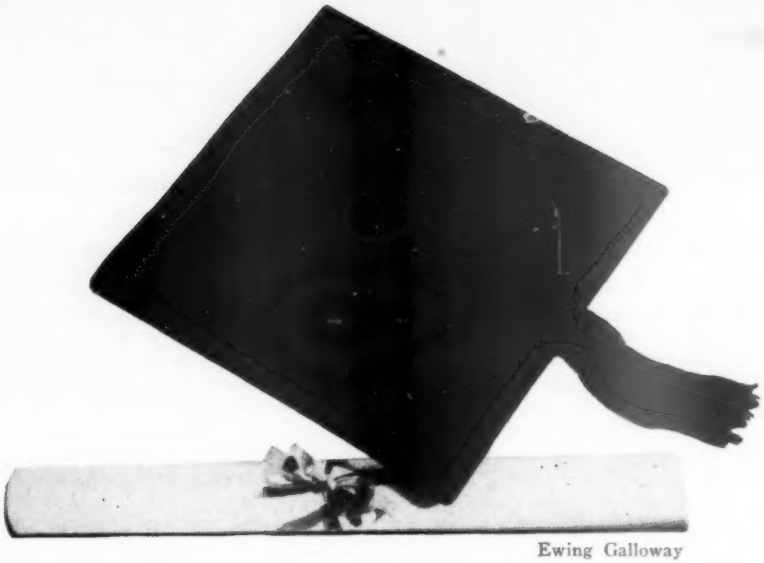
(Analeptic)

PROPRIETARY NAMES: Solution Picrotoxin.

PHARMACOLOGY: Picrotoxin is a very powerful central nervous system stimulant affecting the cerebrum, medulla and spinal cord. Its only therapeutic value is as a respiratory stimulant in barbiturate poisoning; it is presently considered one of the most reliable agents in this condition.

DOSAGE: In barbiturate poisoning an initial dose of 6 mg. may be administered intravenously, followed by additional doses until the desired response is obtained. Other life-saving measures used in conjunction with picrotoxin therapy are artificial respiration apparatus, an open airway, oxygen, gastric lavage and administration of I.V. fluids. The drug is available in a 0.3 per cent solution in 20 cc. vials, and 1 cc. ampuls containing 3 mg.

UNTOWARD ACTIONS: Picrotoxin is highly toxic and overdosage may result in vomiting, salivation and convulsions. Dosages recommended in cases of acute barbiturate poisoning would be fatal under ordinary circumstances. When the drug is used, barbiturates for I.V. injection should be available to counteract toxic effects.



Ewing Galloway

Have I really been educated?

■ NINE YEARS it has taken me to earn a bachelor's degree in public health nursing—nine long years of self-denial, patience and determination. And now that I hold the diploma, I wonder, as I have so often wondered in the past, if it has been worth the effort.

Of those nine years, three were spent in basic training, and the remainder in extension courses, on the campus, and field work. Long hours were given to listening to classroom lectures; some dry and repetitious, others enlightening and instructive. I gave, on the average, four nights a week to extension classes—spring, summer, winter and fall semesters—until I had accrued all the credits I could as a non-matriculating student. My only alternative then was to ask for a leave of absence from my position and enroll for a year's full-time study at a reputable college.

This meant no pay check. It meant watching nickles, dimes and dollars until my name would again appear on the pay roll. The decision was a difficult one to make; I had been financially independent for so long. But when it was eventually made, I packed and left for college and a campus coed career.

At first I felt a little out of place. The crowd I had to mingle with was a young, immature group of students, who apparently hadn't a worry in the world. When their bank accounts hit bottom they merely wrote home for more money. Fortunately, however, there were about seventy other nurses in my financial straits and, more unconsciously than by design, we banded together.

But all this is past history—water

over the dam. Now that my formal schooling is over, I find myself trying to evaluate what I have learned. Have I really been educated? And more important: Am I a better nurse?

For six years I was exposed to a little bit of everything, from the Punic Wars to Dr. Kinsey's report. Did a semester of zoology help me to become a better nurse; what did a course in history of nursing contribute? Did I profit from writing 39 term papers; what did I gain by doing all that research? Am I a more qualified nurse because of this study—a nurse who can still give bedside care; a nurse who doesn't think she's too good to get her hands dirty?—I believe I am.

My education, as I previously mentioned, was obtained the hard way but I gained knowledge and experience at the same time. Many courses in sociology, psychology, mental hygiene, history and science have increased my knowledge about people. I have learned to be more understanding; I have discovered that patients are people and that all people are different. I have learned somewhere in these courses to understand personalized nursing service, that is, nursing of the individual.

I can't say that I have learned to be a better nurse but I have learned to be a more enlightened, understanding nurse. When I was a student, I was more or less compelled to accept facts as they were taught whether I thought them good or bad. Now with my advanced education, I have come to recognize fallacies, understand them, and I hope to aid in correcting them.

Originally, more education wasn't my own idea. I was a registered nurse. Wasn't that enough? But then I became an employe of the board of education. To obtain a permit demanded by the licensing division of the state, I had to possess a public health certificate or acquire it by six hours of public health undergraduate work. The six hours eventually grew to 12, then 24, and more, until they reached the required total of 124 hours or credits necessary for graduation. And as they grew, I grew. My outlook changed. My desire for more education became a self-appointed rather than a required goal.

I am fully aware that there are many pro's and con's about advanced education for nurses. Ranged staunchly on the "con" side are the American Hospital Association, the American Medical Association and—let's face it—many nurses.

Officially the American Nurses Association is in favor of advanced education, but an organization is only as strong as its members, and on this issue its members are certainly miles apart. Why? Perhaps it is because some believe that degreed nurses must prove themselves first before a verdict is rendered. They must show that their degree is no deterrent to providing good nursing care.

It is a common complaint of many administrators and nurses that degreed nurses [*Continued on page* 64]

by Ruth C. Miller, R.N.

Reviewing the News

▶ IT'S FULL SPEED AHEAD for the Joint Coordinating Committee on Structure now that its tentative recommendations (**R.N.**, Feb.) have been approved in principle by the board of each of the national nursing organizations and the Joint Board of Directors. Pearl McIver, Committee chairman, has announced that the new structure should be ready for presentation at the board's January, 1952 meetings. By the Spring of 1952 it is hoped that final plans may be voted upon by members of participating organizations.

▶ STATE LEGISLATION: The Minnesota State Nurses Association is backing a bill designed to alleviate the state's nursing shortage. The bill, which asks for a $390,000 appropriation for a two-year scholarship program, would provide students of accredited nursing schools with as much as $600 for tuition and other expenses. Only stipulation is that scholarship students must agree to accept educational experience in a rural hospital or mental hospital and practice in the state for at least one year after graduation . . . The nursing education bill sponsored by the Connecticut State Nurses Association is also aimed at exorcising the spectre of the nurse shortage. Under this bill, the State Board of Examiners, assisted by a commission on nursing education, would establish and administer a program of financial assistance and awards for nursing education in approved schools.

▶ WORRIED that prospective donors will be deterred from donating blood by the recent publicity on plasma substitutes, the National Research Council states that such substitutes cannot take the place of human blood. Although whole blood, plasma and plasma substitutes all restore the volume of circulating blood, whole blood still remains the best treatment for shock and conditions where blood is lost or blood cells are damaged.

▶ CAPITOL COPY: In view of the present shortage of medical and nursing personnel, Senate passage of the omnibus bill S. 337, providing grants to medical, nursing and allied professions, might occur. But all the professions involved in the bill are not happy about it. Although the American Dental Association has pledged its support, the dation to collect private funds for AMA, which recently established the American Medical Education Foun- medical schools, continues to oppose

federal subsidies for medical education, at the same time, however, suspending judgment on proposed government aid to nursing education. The ANA is withholding its approval too, for despite the fact that S. 337 has been amended to contain many of the provisions of the ANA-supported Bolton Bill, H.R. 910, there is still no assurance of nurse representation on the national council. *The Washington Report on the Medical Sciences* predicts that final Congressional action on federal aid to professional schools will probably not take place for several months due to the backlog of health bills in the House committee and the fact that the local public health unit bill barely squeaked by the Senate.

▶ LAST CALL: July 9, 1951 is the deadline for commissioned officers of the Medical, Dental, Nurse and Medical Service Corps of the regular Navy and Naval Reserve requesting transfer to another branch of the armed services. Before this date, however, no officer will be transferred without the consent of the Navy and the consent of the service to which he requests transfer.

▶ AN INVENTORY of hospital facilities made by the Hospital Council of Greater New York reveals that in event of a major disaster a total of 67,690 casualties could be admitted to the 178 hospitals in New York City. This would be accomplished by adding 38,143 beds to the present capacity of 50,187 and by evacuation of approximately 57 per cent of the patients to their homes or other institutions.

▶ WAGE CONTROLS under the Defense Production Act apparently do not affect private duty nurses who act as independent contractors, according to the Wage Stabilization Board. Non-profit organizations are not required to obtain prior federal approval of wage changes although increases are expected to conform with wage stabilization policy.

▶ MRS. LYSTRA GRETTER, one of our profession's great pioneers, died on February 27, 1951, in Detroit, Michigan at the age of 91. Mrs. Gretter was chairman of the committee which formulated the Florence Nightingale Pledge, and the words in this Pledge faithfully reflect her own philosophy of life and nursing. As early as 1893, while principal of the Farrand Training School, Mrs. Gretter instituted the eight-hour day for nurses. Throughout her professional life she was active in organizational affairs, serving as the first president of the

Mrs. Lystra Gretter in 1929

Michigan State Nurses Association, president of the American Society for Superintendents of Nursing Schools and superintendent of the Detroit Visiting Nurse Association.

▶ NATIONAL EXPANSION of the VA home nursing program which was launched on a six months' trial basis in New England in 1949, has led to the signing of contracts with 226 community nursing agencies throughout the U.S. It is expected that this new benefit for veterans with service-connected injuries or illnesses will free VA hospital beds now occupied by patients not requiring constant medical attention, as well as promote the general health through nursing instruction to families. The VA states that the cost of home care in the New England pilot project was only a fraction of the cost of keeping the patient in the hospital.

▶ GRANTS: To Teachers College, Columbia University, $32,000 from the Kellogg Foundation, to set up two projects to improve training of students in nursing administration; to Frances Payne Bolton School of Nursing, Western Reserve University, a $7,668 training grant to be used for the addition of teaching services, especially in the graduate nurse programs of the school, given upon the recommendation of the National Advisory Mental Health Council under the National Mental Health Act . . . A total of $1,915,708 in 166 grants, was awarded through the Public Health Service, National Institute of Mental Health, to aid in expansion of teaching programs in mental health training for psychiatrists, psychologists, nurses, social workers and medical students. An additional allocation of $1,179,003 will allow 560 stipends for graduate students of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing . . . Scholarships will be awarded by the Cleveland Clinic to one or two nurses of outstanding merit for postgraduate work, particularly in anesthesia . . . Aided by a $9,160 grant from the National Foundation for Infantile Paralysis, the University of Washington School of Nursing will conduct a one-year project on developing better nursing care for polio patients at the local level. Mary Gadacz, supervisor in the Seattle-King County Health Dept. and VNS, will be the nursing consultant for the program which is expected to serve as a model for other states . . . A $22,000 March of Dimes grant will enable the Committee on Careers in Nursing to expand its national nurse recruitment program.

▶ BASIC CANCER FACTS are included in a 120-page, illustrated pamphlet, *A Cancer Source Book for Nurses*, published by the American Cancer Society in an attempt to establish better control of the disease. Written in non-technical language, the book provides information on the nature, diagnosis and treatment of cancer rather than an explanation of nursing techniques. Copies of [*Continued on page* 59]

FOR YOUR FILES . . . THIS **Birth Announcement**

ARMOUR **Now — 6 choice meats for the bassinet crowd:** Gerber's Strained Beef, Veal, Liver — and new Lamb, Beef Hearts and Pork. All true-flavor and true-color. All prepared from tender, extra-lean Armour cuts. The same facts apply to Gerber's Junior Beef, Veal and Liver.

Gerber's easy-to-digest meats mean less worry for you, less work for mothers. Yet they cost far less than if Mom did all the scraping and cooking herself.

Do you start infants on cereal and meat simultaneously? Nowadays many doctors do. Only Gerber's, whose only business is baby-feeding, offers both cereals and meats.

FOR COMPLETE MEAT ANALYSES please write on your letterhead to Department 354-I, Fremont, Michigan.

Babies are our business . . . our only business!

Gerber's
BABY FOODS

Synthetic Sleep

[*Continued from page* 43]

either Amytal Sodium or the drug Pentothal Sodium pass into a trance-like state which enables them to talk freely on subjects which normally they might be ashamed or afraid to discuss. Under the guidance of a physician they may recall painful incidents which are often the cause of their psychoneuroses. Also, because of the short action of these drugs it is possible to continue the interview after the patient recovers consciousness, thus allowing repressed emotions to emerge from the subconscious into the conscious. Narcosynthesis, as this technique of psychiatric therapy is called, was used extensively for soldiers with battle neuroses in World War II because of its rapid curative effect.

Perhaps you have seen Pentothal Sodium referred to in newspaper headlines as "truth serum." It received a great deal of publicity in connection with the kidnap-slaying of the little Degnan girl in Chicago a few years ago after the suspect, William Heirens, confessed his guilt while under Pentothal Sodium. It should be pointed out, however, that "truth serum" is a misnomer for the drug. Most psychiatrists do not claim that the injections are infallible in determining whether the individual is guilty or not, for it is perfectly possible that under the influence of the drug he may confess to crimes which he only *thinks* he has committed. Furthermore, there are legal safeguards against such false confessions. Suspects cannot be forced to submit to this procedure, nor can statements obtained in this manner be held against them.

All of the short- and ultra-short-acting barbiturates, including Pentothal Sodium, which are given intravenously for anesthesia purposes should be administered only by one trained in anesthesia, since serious or fatal complications may ensue. Apparatus for administering oxygen should always be available to treat respiratory depression and apnea.

Although there is quite a wide margin of safety between the therapeutic and toxic doses of barbiturates now on the market, occasionally even moderate doses may result in vertigo, dullness, headache, nausea and diarrhea. Their use is definitely contra-indicated in cases where they are likely to produce restlessness and excitement. Such untoward effects may occur when barbiturates are given to patients in severe pain, for they depress the higher brain centers which act as pain inhibitors.

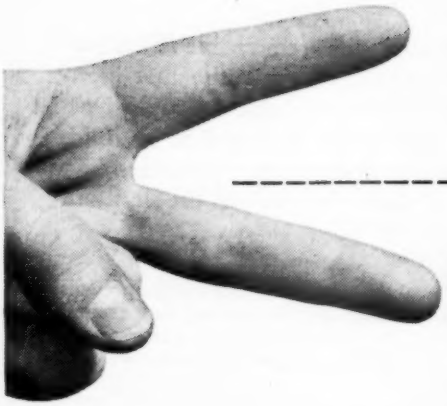
The toxic effects of barbiturate overdosage pose a serious problem for the medical and nursing staff of the hospital. The person who has gone on a barbiturate bender may have a slow respiratory rate, peripheral vascular collapse, lowered temperature, and may be stuporous. Unless treatment is instituted quickly he will die from respiratory paralysis or depression, or pulmonary complications. If there is complete respiratory paralysis, artificial respiration should be begun at once in conjunction with oxygen therapy. I.V.

infusions of saline or glucose solutions are also needed to support the cardiovascular system, though care should be taken to see that the heart is not overloaded or cerebral edema increased by such a procedure. The patient should be kept warm and his position changed frequently to guard against hypostatic pneumonia. As a pneumonia prophylactic, I.V. dosages of penicillin 20,000 units every three hours have proved valuable. Frequently helpful in the treatment of deep coma and severe respiratory depression are the analeptic drugs—picrotoxin and Metrazol—described in this month's *Drug Digest*, p. 44.

One of the chief reasons for the high incidence of severe barbiturate toxicity is the increasing tendency of the public to regard barbiturates as a convenient mode of suicide. In 1947 the U.S. Census Bureau published the statement that 500 deaths per year have been caused by sleeping pills. The Metropolitan Life Insurance Co. has stated that barbiturates lead the list of causes of accidental poisoning. Although it is reported that about one-half of the annual 1,000 deaths from pills are suicides, it may be difficult to determine whether barbiturates have been taken with suicidal intent. It often happens that a person will swallow one pill, remain wakeful, take another, and then because of his confused condition consume as many as nine or ten with fatal consequences.

Needless to say, the indiscriminate and unauthorized use of barbiturates

Two Reasons Why
You Can Trust Carnation



1 Every can of Carnation Evaporated Milk is processed in Carnation's *own* plants, under Carnation's *own* supervision. Carnation never has sold—and never will sell—milk processed by another company.

2 To meet the strict standards of the medical profession, Carnation Milk is processed with *"prescription accuracy."* Rigid control and constant testing insure complete uniformity of milk solids content, viscosity, curd tension, and *quality*—day in and year out.

THESE ARE TWO REASONS why you can trust Carnation Evaporated Milk; why Carnation will always protect and justify your confidence.

THESE TWO REASONS, we believe, explain why 8 out of 10 mothers who use Carnation Milk say, "My doctor or hospital recommended it."

"From Contented Cows"

WRITE FOR "Your Contented Baby"—the complete, new manual on baby-care, written by one of America's foremost specialists. *Address:* Carnation Company, Dept. N-41, Los Angeles 36, California.

THE MILK EVERY DOCTOR AND NURSE KNOWS

which frequently ends fatally should be roundly condemned by the medical, pharmaceutical and nursing professions. Doctors are frequently the ones at fault when prescribing larger amounts of the drug than are needed at any one particular time. Often doctors do not take into account the psychoneurotic tendencies of the patient for whom they are prescribing. It is not uncommon for psychoneurotic people when they are abundantly supplied to get into the habit of taking their pills during the daytime in order that they will not be disturbed by the wear and tear of daily living and the necessity for making decisions.

Prolonged barbiturate administration carries with it the possibility of skin eruptions, and other common toxic effects as well as the greater danger of addiction. Many take barbiturates not because of the hypnotic action but because they impart a state of intoxication similar to that produced by alcohol. Drs. Isbell and Fraser of the USPHS hospital at Lexington, Kentucky, state that addiction to barbiturates is even more dangerous than morphine addiction in its ability to cause deterioration of mind and spirit. They also claim that in experimental animals they have found degenerative changes in portions of the central nervous system. Withdrawal of the drug from barbiturate addicts may result in a severe abstinence syndrome, frequently accompanied by grand mal convulsions.

It would be folly to believe that nurses, though they are familiar with the barbiturate danger, are necessarily immune to it. Because nurses have greater access to the drugs they are much more susceptible to temptation. It would be interesting to find out how many nurses on night duty, unable to sleep during the day, have succumbed to the habit.

Even with the laws of many states and localities specifically restricting the sale of barbiturates, some pharmacists have been lax about observing regulations. For example in one death which the Federal Food and Drug Administration investigated because of a barbiturate pill found in the dead man's pocket, it was discovered that the victim had borrowed an empty prescription box from his landlady, taken it to a pharmacist and had the prescription refilled for himself. The practice of refilling prescription items without receiving a physician's authorization is now the center of a controversial storm involving the government, doctors and pharmacists. Fortunately, all of the participants appear to side with the government in regarding a physician's order necessary for a refill of barbiturates. Only Arizona, Kansas, Massachusetts, New Hampshire, New Mexico and Wyoming are now without legislation prohibiting the sale of barbiturate drugs except through doctors' prescriptions.

Granted that nurses never prescribe barbiturates, they do however, have to use their judgment in dispensing them on a p.r.n. order. Whenever this opportunity presents itself, as it does often on the evening shift, the nurse should administer the pills on the basis of need, but

only after she has seen that each patient has been made comfortable for the night. It goes without saying that no pill should be left by the patient's bedside.

A study by Doris Schwartz, R.N. which appeared in the *American Journal of Nursing*, March, 1948, revealed some interesting facts on the relationship of good nursing care to a good night's sleep. Miss Schwartz discovered that on the evenings one hour of extra nursing care was given, the amount of sedation needed by patients was about 33 per cent less than usual. She also noted that when the doctor visited the ward during this bedtime hour sedation was reduced about 45 per cent, but when both the doctor's visit and the nursing care were eliminated, requests for sedation rose to the same pre-experimental level.

It might be profitable for more of us to conduct experiments of this type for—nursing shortage or not—any nursing procedures which can be safely and easily substituted for barbiturate therapy would seem to promote the patients' welfare. No drugs, not even the barbiturates, can surpass the healing power of natural sleep.

ERRATUM: In "R.N. Speaks" in the March issue, on page 24, the sentence reading, "Today the ANC has approximately 8,000 in uniform" should have read, "Today all the military nursing services have approximately 8,000 in uniform." The ANC figure is still below 5,000.

[*Continued from page 50*]

this extremely valuable reference source may be obtained through the Society's division offices in the 48 states and Alaska.

▶ FINANCIAL AID for members of the Pennsylvania State Association of Nurse Anesthetists desiring to further their education is provided by the Hilda R. Salomon Loan Fund established in 1948. Further information may be obtained by writing to Geraldine G. VanderBurgh, R.N., Chairman of the Loan Fund Committee, Williamsport Hospital, Williamsport 20, Pa.

▶ DESERVED PRAISE for the services of the Army nurses in Korea was accorded the Army Nurse Corps by General of the Army Douglas MacArthur on the ANC's anniversary, February 2. In a special statement, General MacArthur said, "the medical service has rendered magnificent care, both in keeping our men fit to fight and in treating our casualties." He remarked that the death rate has never before been held at so low a figure.

▶ A DISASTER SUPPLEMENT to the ARC home nursing textbook has been issued by the American Red Cross. The new addition, which should be read by all R.N.'s, stresses duties that will be assumed by nurse-assistants in homes, shelters, emergency hospitals or in medical stations. Such duties will include:

routine nursing care; reassurance of patients and families; reporting unusual symptoms of injury or illness; helping to set up equipment and supplies; and assisting medical and nursing staff members with various treatments.

▶ ABOUT PEOPLE: *Amy Viglione,* formerly Consultant in Practical Nurse Training in the Division of Vocational Education, Office of Education, Federal Security Agency, has accepted a position with the Kellogg Foundation at Battle Creek, Mich. *Margaret Knapp,* formerly with the Public Health Service of the Federal Security Agency has succeeded Miss Viglione as consultant . . . *Julia McWethy,* newly-appointed assistant executive secretary of the Missouri State Nurses Association has been called back to active service in the ANC. Miss McWethy, who has been granted a leave of absence by the Association, served a three-year Army stint in World War II . . . February 21, 1951 marked the 30th year of service with the VA for *Clara Bouwhuis,* Chief, Nursing Service, VA Hospital, Montrose, N.Y.

▶ COMING MEETINGS: The annual convention of the National League of Nursing Education will be held May 7-11 at the Hotel Statler, Boston, Mass. . . . From June 29 to July 1, the Maine Branch of the New England Industrial Nurses Association will be hostess to the Association's Spring Conference at Poland Springs House, Poland Springs, Maine.

Camp Job

[*Continued from page* 41]

has gone through it for so many years. For the nurse who can relax and not fret about interruptions it is not hard. But for the nurse who is used to 8-hour duty and no more, who likes to kill herself working, but also likes her free time to be really "free," it presents a real challenge. The nurse who is contemplating a camp job should ask herself, "Can I survive such a 60-day stretch?"

Camp nursing, even more than hospital pediatric work, calls for love of children. Children on pediatric wards have major illnesses which require your nursing ability and at the same time call forth your sympathy. At camp, if you really love children, you hope and see to it that no child becomes ill, for camp is a place for having a good time. You take an interest in minor bruises because you don't want them to become major handicaps interfering with the child's camp life. In short, the emphasis is on helping the campers to keep well, so that they can get the most out of camping.

Camp salaries are low compared with those received in other types of nursing for the same hours of work. Yet if a nurse likes children, the country and the informal companionship of a variety of people will amply compensate for the discrepancy. Camp nursing is what you make it or how you look at it; it is the sum total of your attitudes, interests and aspiration.

For every nurse who leads a double life

on duty

All day long you have your hands in and out of water. Scrubbing is hard on skin, roughens the hands, makes the protective action of TRUSHAY doubly important.

off duty

You want your hands to be soft and smooth, without signs of constant washings. TRUSHAY—the "beforehand" lotion will keep them lovely.

On duty and **Off duty** TRUSHAY will protect your hands. Use it each time *before* you wash them. It will help preserve the natural skin oils. Use it *after* you wash to give your hands that oh-so-soft feeling. Rich as cream, but without a trace of stickiness, TRUSHAY is delightful to use—on hands, on face, and as a body rub.

When patients and friends wonder how you can keep your hands so soft and smooth and free from redness in spite of frequent soap-and-water scrubbings, tell them about TRUSHAY, the lotion with the "beforehand" extra.

TRUSHAY the "beforehand" lotion.

TRUSHAY

a product of BRISTOL-MYERS
19 West 50 Street, New York 20, N. Y.

Have I Been Educated?

[*Continued from page* 47]

insist that they will do only supervisory work. But is this entirely just? After all, the demand is created for them, not by them. It is recognized that there is a desperate shortage of instructors and supervisors. Degreed nurses believe that with their acquired knowledge they can help prepare better student nurses. I believe that nurses with advanced education don't necessarily *want* to be taken away from bedside nursing. I am sure it is every nurse's first love.

Slowly the trend in advanced education is swinging from the negative to the positive side, but this is a typical American reaction. A median will soon be reached. Meantime, degreed nurses have to prove to the public that what they have to offer in the way of nursing care is worthwhile. When the well-qualified nurse is added to the profession—a nurse capable of giving complicated treatments and teaching more and better health concepts—the result will be better care of the patient, a happier family unit, a healthier nation.

Personally, I believe my nine years of education were worth all the effort expended. Not all nursing knowledge can come from books, however, and until I have had more experience I can't honestly say that I am fully educated. After all, education is a continuing process. And a B.A., B.S. or M.S., or even a Ph.D. after a name doesn't make a good nurse. Ability to use knowledge for the good of the patients is what counts.

Candid Comments

[*Continued from page* 36]

cooperation frequently go unheeded. We do not condone this; we simply recognize the fact. General duty, with its intimate contact with the very newest in medical science, with its magnificent adventures of caring for every type of patient and disease, should be our most attractive field. It isn't because too much of it has become a job instead of a vocation, a job without distinction or hope of marked promotion to the nurse without a degree. The priceless value of sound experience gets lesser recognition. These things, together with unsatisfactory wage conditions have created an unrest, based on insecurity, that must seriously command our attention.

There are hungers in each of us for something higher than earning a living. As Professor Tannenbaum says, ". . . work must fill a social and moral as well as economic role. The vacuum created between the job and the man has proved intolerable . . . Man has to belong to something real, purposeful, useful, creative; he must belong to his job and to his industry."* Industry is slowly but surely realizing that its most important asset is the worker; that it has a responsibility for his happiness as well as his power of production; that it must integrate him with the organization so he can be deeply identified with it.

The most valuable factor in the hospital is not the operating room or the laboratory but the human being who serves the patient. And the finest thing within its walls is not the handsome organization chart but a high *esprit de corps.* Must we turn back the clock to achieve this glowing spirit? Of course not. Our first task is to become aware of the full significance and dimensions of the problem of the "displaced" nurse. Our second is to do something about it. I hope to present some suggestions on this in a later issue.

*Ibid.

Control Those Shots

● DON'T MAKE your intramuscular injections "shot in the dark." An editorial in *Clinical Medicine* cites a case in which wrist drop and radial nerve paralysis lasting eight months resulted from an aminophylline injection given below instead of into the deltoid muscle of a thin asthmatic patient. Permanent peripheral nerve injuries have also followed poorly placed penicillin injections. When injecting I.M. medications, one should take into account the lack of the protective fat layer in babies, children and thin adults, and remember that the upper, outer quadrant of the buttocks is a safer injection site than the deltoid.

Aching Back

[*Continued from page* 32]

and emotional attitudes can also affect your back. As you probably know, nervous pressure pinches the blood vessels and deprives soft tissues of part of their blood supply. Tense muscles tire and refuse to work. Any emotional tension therefore incapacitates the body as well as your disposition. Release mental and emotional conflicts—and you'll be on your way to licking backache.

When the damage is already done, corrective exercises will aid in relieving back strain and pain. Here are a few which have been prescribed by physiotherapists at one of the leading clinics specializing in back cases:

1. Stand with feet a foot apart, clasp hands overhead, palms up. Now bend back from waist as far as possible, letting head go back too. Return to upright position, stretch. Then, bend forward as far as possible with head down and in. Return to starting position.

2. Lie flat on floor, bend knees, clasp hands behind head, and lift head and shoulders up until you feel the small of the back pressing against floor. Return to starting position slowly. Next, from same position, stretch arms up to touch knees, lifting head and shoulders at the same time. Repeat five times.

3. Sit on floor, legs crossed, head tilted down with chin on chest, hands clasped firmly in back. Stretch arms out and away from back; pull shoulders back as far as you can. Chin up, head back. Return to first position. Repeat exercise four times.

4. Lie on back, arms relaxed at sides, knees flexed. Now slowly pull both knees up toward chest as far as possible and slowly return them to original position. Relax. Repeat eight times.

5. Undertake this one after you've strengthened your back with the previous exercises since it might be a little painful at first. Lie on your back with hands clasped behind the neck. The elbows are forward or upright. Now push the elbows to the floor while holding the back flat.

If you suffer from backache, you'll be all too ready to get your teeth into the program outlined above. It takes a little effort—but it's certainly worth it.

Amazon Outpost

[*Continued from page* 29]

high an incidence of malaria in Breves that boats passed right by; no one wanted to stop there. After DDT became available, the SESP decided to use Breves as an experimental town to test the possibility of ridding a jungle community of the anopheles mosquito by the use of DDT. Since 1945, the entire village has been sprayed twice a year, and today, is entirely free of malaria.

Breves' housewives were so glad to get the bugs out of their homes that they happily listened to what the outsiders were saying about prenatal clinics. Prenatal care is a difficult subject to teach women unused to doctors, but practically all the pregnant women of Breves now use the maternity service. Of the 56 deliveries last year, 49 were in the 12-bed hospital.

When I was there the hospital had 15 patients, including the first case of meningococcus meningitis, over which the doctors—like their peers the world over—were inclined to linger. More common medical problems of the area are malaria, yaws, amoebic dysentery, verminosis, tropical ulcer, and vitamin deficiencies.

Although the health center in which a doctor is on duty at all times, day and night, emphasizes services for women and infants, pre-school and school children, it also runs a clinic every day for medical assistance. Average daily

Grand new skin care

checks diaper odor

as well as diaper rash!

in the UNBREAKABLE SQUEEZE BOTTLE...

Mennen Baby Magic is soothing . . . lastingly fragrant! A fast-absorbing, non-greasy liquefied cream.

Tell mothers it saves time . . . safer, too! Sanitary Squeeze Bottle can't break. Comes in dainty pink or blue to match nursery!

MENNEN

Baby Magic

SKIN CARE

P.S.—Personal

If you would like professional samples for distribution to your patients, send your name and address to The Mennen Company, Department RN-4, 345 Central Avenue, Newark 4, New Jersey.

attendance is around 80, about half of whom require medical care. Outside of this center there are no other medical services in town.

The school children meet at the health center every Saturday for their health club meetings which are run along parliamentary lines. At the time I visited the unit they were studying nutrition. Before the health center appeared on the scene, tubers were the staple in the diets. Today no vegetables are sold in the stores, but there are 36 vegetable gardens in Breves cultivated by members of the health club.

The health centers of the valley are limited in what they can attempt by the scarcity of nurses in Brazil. This country with some 48 million people has perhaps 1,300 trained nurses, and not many of them are found in the jungle. In order to get the services started, therefore, the SESP has trained practical workers among whom are the famous *visitadoras*.

The *visitadoras* are girls chosen for public health training in a boarding school from the jungle towns where a health post is contemplated. When the SESP was planning the first health posts, the North American nursing consultants opened the first of these boarding schools at Santarem. Later, Tessie Williams went to Itacoatiara, 900 miles up the Amazon, to start a second. The schools run for six months and are held periodically as more *visitadoras* are needed.

The students have regular classroom work in hygiene, sanitation, control of mosquitoes and flies, and

WHEN THE DIAGNOSIS IS PEDICULOSIS CAPITIS

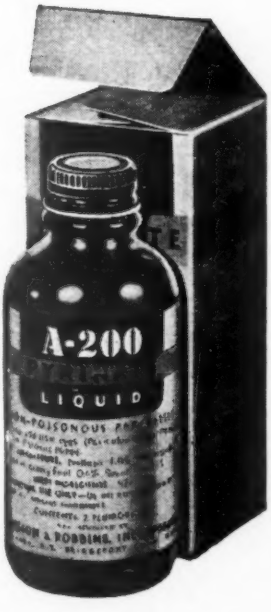
EASIER-TO-APPLY

A-200

PYRINATE LIQUID

KILLS HEAD, BODY, CRAB LICE AND THEIR EGGS...ON CONTACT!

THE ACTIVE INGREDIENTS of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. The efficacy of A-200 was proved in 8,000 clinical cases in the District of Columbia jail.



Advantages of A-200 Pyrinate Liquid

A-200 is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous, non-irritating, no tell-tale odor... one application is usually sufficient.

A Product of McKesson & Robbins, Inc., Bridgeport, Conn.

learn a few basic nursing techniques. They study nutrition in the classroom and also raise vegetables and prepare meals. After graduation they usually return to their own jungle towns to work.

The *visitadoras* provide the necessary link between the health center and the homes, carrying out an elementary kind of instructive home call. However, the fact mustn't be overlooked that the *visitadoras* are jungle girls with only a few grades of schooling preceding their public health course, and that after all, the doctors and nurses run the health posts. One enthusiastic scribe whose imagination had been fired by these girls, wrote that it didn't matter about the doctors and nurses so long as there were *visitadoras* in the valley, a statement that brought all the blue pencils in the SESP headquarters bolt upright.

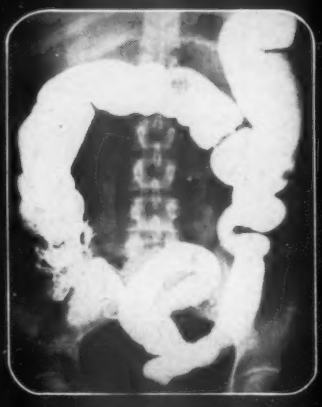
The health centers in these remote towns also offer instruction to the local midwives, who are known as *curiosas*. I attended one such class. The nurse, a recent graduate of the school of nursing at Sao Paulo, was a slim graceful girl who wore her seersucker uniform like a Powers model. Her class, on the contrary, belonged to the realm of folklore. Some of her pupils were plump and mundane; others were wrinkled attendants to the ancient mystery of birth—fit companions of Father Time himself. Doctor Pantoja of the SESP headquarters once remarked to me that the *curiosas* had the air of looking down a long tunnel, and I added, "the long tunnel of 25,000 years, Doctor, before you medical men were willing to roll up your sleeves and attend to this function of women."

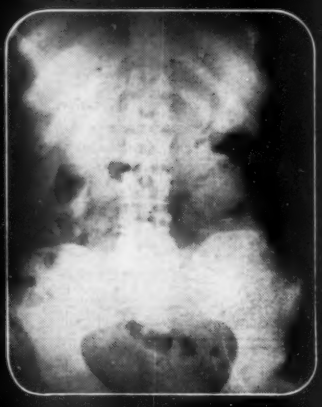
However, although the *curiosas* look wise, their knowledge is not up-to-date, and in their profound ignorance of hygiene, they often bring death to the women and infants they attend.

A visit to one of these jungle outposts is a strong experience for someone accustomed to the conveniences of big cities. But in the little town of Breves, with no radios, no motion pictures, no roads to the outside world, I found a staff devoted to their jobs and full of gaiety off duty. Doctor Walter who was

FOR PROMPT
INTESTINAL CLEANSING . . .

Evacuant ACTION WITHOUT REACTION





When the doctor says "Phospho-Soda (Fleet), in larger dose, for prompt, complete evacuation", the nurse knows that, within an hour or so, it will produce a response very much like that of an enema. Yet, when so used in cases of transient costive distress, or prior to diagnostic or surgical work, its gentle action is quite free from irritation, griping, or other adverse reactions. Samples on request.

Phospho-Soda (Fleet) is a solution containing in each 100 cc sodium biphosphate 48 Gm. and sodium phosphate 18 Gm. Both 'Phospho-Soda' and 'Fleet' are registered trade-marks of C. B. Fleet Co., Inc.

C. B. FLEET CO., INC. · LYNCHBURG, VIRGINIA

THERE IS ONLY ONE

PHOSPHO-SODA® (FLEET)

A Laxative for *Judicious* Therapy

going out with us in the morning said at the dinner table that he hoped he would be sent back to Breves after his vacation, but that he was a little fearful because "os solteiros de SESP sao como soldados" which translated, means—"the SESP bachelors are like soldiers," accustomed to being shifted about. Josefina Mello, who was also traveling with us the next day, was due to leave soon for the U.S. on a study grant from The Institute of Inter-American Affairs for a postgraduate year in public health nursing, but she too expected to return.

While we sat around the table on the walk behind the hospital, with the darkness thick on either side of our small lighted area, Dr. Fernando Samico, Dr. Walter's assistant, produced a large map of Brazil and asked if I knew the history of the Amazon valley, and we pored over this region, in which he had worked for several years. Dr. Paulo Maria de Silveira, the surgeon and obstetrician, and Dona Maria, the nurse, began a game of cansata. Doctor Walter left the company saying he had some work to finish before going on vacation next morning. I turned my head to watch him enter the door and turn down the lighted hallway of his hospital. He looked unusually tall in his white coat. The classic example of keeping up standards is the Englishman who dresses for dinner in the jungle, but here was a more outstanding symbol—a friendly doctor going down the spotless corridor of a 12-bed hospital in a remote jungle town.

IN THREE LENGTHS!

write for illustrated booklet C

own: style 666 — fine sanforized* poplin.
66S — if your height is about 5' 2"
66R — if your height is about 5' 5"
66L — if your height is about 5' 7"
sizes 10 to 44—$8.00

660S — 6660R — 6660L *same style, short sleeves.*

aximum shrinkage less than 1%

Dix-Make
UNIFORMS
29 West 30th Street
New York 1, New York

Positions Available

ADMINISTRATOR: (a) New 55 bed hospital to be completed June. Small town short distances several large cities. (b) Convalescent hospital, home for older persons. University town, Middle West. (c) New hospital, small size, beautifully located wooded area covering 12 acres. Completion October. Residential town adjoining university center. RN4-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) Medium-sized, approved, general hospital. East Coast. $4200. (b) 150 beds approved hospital Chicago suburban location. $4000, maintenance. (c) Small hospital-clinic, midwest college town. $4200 maintenance. (d) 100 bed general hospital, Illinois college town. $5400. (e) New air-conditioned American-owned hospital in Arabia. $590 per month. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETISTS: (a) Small group, town 35,000, Texas. $400-$500, complete maintenance. (b) 200 bed hospital, university town, Rocky Mountain state. $4800-$5200. (c) Small hospital, mining area southern state. $500, maintenance. (d) to become associated with several physicians specializing anesthesiology. $400-$500, South. (e) Small hospital, relatively new. Salary with fees for after hours should average $500-$600. California. RN4-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ASSISTANT DIRECTOR SCHOOL OF NURSING: 500 bed hospital with approved school of nursing. Degree with experience required. Master's Degree preferred. Position open June 15. Salary commensurate with preparation. Minimum $325. Apply Box MVH-3, R.N. Magazine, Rutherford, N.J.

ASSISTANT NURSING ARTS INSTRUCTOR: 500 bed hospital with approved school of nursing. Degree required, experience preferred. Position open immediately. Salary commensurate with preparation. Minimum $260. Apply Box MVH-4, R.N. Magazine, Rutherford, N.J.

ASSISTANT SCIENCE INSTRUCTOR: 500 bed hospital with approved school of nursing. Degree required, experience preferred. Position open August 1. Salary commensurate with preparation. Minimum $260. Apply Box MVH-5, R.N. Magazine, Rutherford, N.J.

DIETITIANS: (a) 400 bed university hospital, East. (b) Medium-sized hospital, excellent location one of largest Hawaiian Islands. $3600. Room and board available on hospital campus. (c) Large, mental hospital, attractive location Northwest Rockies. $4200 yearly. (d) Small clinic-hospital, noted resort city, southern Michigan. (e) 100 bed Virginia hospital. $4200 maintenance. Woodward Medcal Bureau, 185 North Wabash, Chicago, Ill.

DIRECTORS OF NURSES: (a) Small, approved hospital with school for practical nurses. $4000 maintenance. Southeast. (b) 100 bed modern California hospital. Good salary, 5 day week. (c) 60 bed modern hospital, southern Georgia. $3000 up. (d) 200 bed approved Maryland hospital. $4800. (e) 100 bed approved New York hospital. Degree required. (f) 50 bed new hospital, mountain resort community vicinity Asheville. Good salary. (g) Large tuberculosis hospital with university affiliation. $4800, East. (h) 200 bed approved hospital. East central location. $6000 yearly. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSING: (a) Beautiful new hospital, 200 beds. Completion June. Town, 50,000, West. (b) General, 300 bed hospital. College town 70,000, Middle West. $450-$600. (c) Director of student nurses, tuberculosis institution, school for affiliates. $400, maintenance. (d) New hospital, 125 beds. College town located in resort area, South. No school, nursing service only. (e) Large, teaching hospital. Collegiate program. Minimum $6000. University town, 100,000, East. (f) To direct school for practical nurses. New hospital, small town, South. RN4-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTRESS OF NURSING: General duty and O.R. nurses. Also experienced laboratory technician. 60 bed general hospital. Trenton General Hospital, 140 North Clinton Avenue, Trenton, N.J.

FACULTY APPOINTMENTS: (a) Director, collegiate program, and instructors. Operating room, pediatrics, obstetrics. University group. $400-$600 and $300-$500, respectively. (b) Nursing arts instructor. Practical nurses' program. Large city, university medical center. West. (c) Educational directors. Hospitals operated under American auspices on Mediterranean and in Turkey. (d) Psychiatric instructor. Privately-owned sanatorium. Pacific Coast. (e) Science instructor. Fairly large hospital. New England. RN4-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSES: 50 bed hospital. Good personnel policies and living quar-

[Turn the page]

ters. For full information apply The Cody Hospital, Cody, Wyo.

GENERAL DUTY NURSES: P.M. and night shift. Starting salary $240, $10 yearly increase. Modern nurses' home. Room cost $10 per month. Located 125 miles south San Francisco in San Joaquin Valley. New 78 bed unit opening July. We comply with all CSNA Standards. Apply Director of Nurses, Merced General Hospital, Merced, Calif.

GENERAL STAFF NURSES: For medical, surgical, pediatrics, delivery room, nursery and postpartum divisions. Permanent night or afternoon duty or rotating periods. Hospital opened January 16th has 152 beds. 44 hour week, six holidays, 3 weeks paid vacation. One meal daily while on duty and laundry of 6 uniforms per week. Salary: days $205 and evenings or nights $215 per month. Regular increases after 6, 12 and 18 months of satisfactory service. Opportunities for promotion. Living accommodations available in nurses' home. Apply to Director of Nurses, Schoitz Memorial Hospital, Waterloo, Iowa.

GENERAL STAFF NURSES: Positions available on most services. 40 hour, 5 day week. Salary $242.50 per month for rotating day, evening and night duty. Additional $10 per month for permanent evening duty and $5 per month for permanent night duty. Salary raises, based upon merit, to a maximum of $275 per month. All university holidays with pay. 12 work days paid vacation yearly. Accumulative illness allowance 12 work days yearly. If desired, rooms provided for $20 per month. Hospital cafeteria meals at reasonable prices. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GENERAL STAFF NURSES: Eligible for registration in Colo. 200 bed general hospital. Salary $200, $15 additional for 3-11 and 11-7. 44 hour week. Pleasant climate. Near famous resort and beautiful mountain scenery. Apply Director of Nurses, Corwin Hospital, Pueblo, Colo.

GRADUATE NURSES: For general floor duty in 100 bed general hospital. No school, organized medical staff, high quality services, pleasant surroundings, comfortable living conditions in nurses' homes, good pay. For information write, Superintendent of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

GRADUATE NURSES: Needed at Long Island Hospital, Boston Harbor, Massachusetts. Starting salary $2817.50 and full maintenance at the Hospital. 40 hours, excellent living conditions. Please reply to: John R. McGillivray, Commissioner of Institutions, 1109 City Hall Annex, Boston, Mass.

GRADUATE STAFF NURSES: General hospital for medical, surgical and obstetrical services. Also vacancies on operating room staff. Salary $210 per month, two weeks annual vacation and twelve days annual sick leave. Retirement benefits available if desired. Straight 8 hour day and 41 hour week. For information write Superintendent, Robinson Memorial Hospital, Ravenna, Ohio.

INSTRUCTORS: (a) Medical-Surgical. Michigan teaching hospital. $3600. (b) Clinical. 150 bed approved hospital, resort community Long Island, near Ocean. (c) Nursing Arts. 200 bed approved New York hospital. To $3600. (d) Science. Medium-sized approved, eastern university city. $3000 up. (e) Psychiatric. Large mental hospital, vicinity Birmingham, Alabama. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

MALE NURSES: (a) Industrial position. University town, Middle West. (b) Construction project, outside U.S.A. (c) Night supervisor and surgical nurse. Prison hospital. South. (d) Assistant superintendent of nurses. Large, general hospital. Island in Pacific. RN4-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NON-INSTITUTIONAL: (a) Student health nurse. Liberal arts college. Administrative ability required. (b) Three clinic nurses. Alaska. (c) Office nurse for prominent ophthalmologist. Winter resort town, South. (d) Student health nurse. Young women's college. East. (e) Clinic nursing supervisor. 15-man group. College town, West. RN4-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

NURSE GRADUATE: For operating and delivery room. Experience in training not

[Turn the page]

before you wallpaper

It is necessary to wash and size a plaster wall thoroughly before you hang wallpaper if you want the best possible result.

And in the treatment of many dermatologic conditions the preparation of the skin before medication is applied is equally important. The use of pure, mild MAZON Soap to cleanse the affected areas does much to enhance the therapeutic action of MAZON.

For more than a quarter of a century, physicians have used this dual therapy in acute and chronic psoriasis, eczema, alopecia, ringworm, athlete's foot, and other skin conditions not caused by or associated with systemic or metabolic disturbances. MAZON is greaseless . . . requires no bandaging; apply just enough to be rubbed in, leaving none on the skin.

MAZON

Antiseptic • Antipruritic • Antiparasitic

BELMONT LABORATORIES, Philadelphia, Pa.

necessary as we will train you. Maintenance provided. Excellent remuneration. Prefer single and under 30 years of age. Applications confidential. Write Superintendent, 10149 Michigan Ave., Dearborn, Mich. Eves. phone LU 2-0882.

NURSES: Operating room and staff nurses needed. Entrance salary $338. Annual increases until salary reaches $391 (five years). 40 hour week, 12 holidays, 15 days vacation annually, sick leave. Apply Director of Nurses, Highland Hospital, Oakland, Calif.

NURSES: Psychiatric Nurses, $268-$310; Senior Psychiatric Nurses, $281-$341; Supervising Psychiatric Nurses, $310-$376; for California Mental Hospitals. Eligibility for California license. Periodic nation-wide examinations. Promotional opportunities, sick leave, 3 weeks vacation, liberal retirement benefits. Write Recruitment Section, Dept. N-41, State Personnel Board, Sacramento 14, Calif.

NURSES: Largest Eye Hospital in the U.S. offers a 6 month course in nursing care of the eye to graduates of accredited nursing schools. Operating room training is included in the course. $120 per month and maintenance is provided for first 4 months. For the next 2 months compensation is $130 and maintenance. Registration fee is $15 which takes care of pin and certificate. Apply to Wilhelmina Patterson, R.N., Supt. of Nurses, Wills Eye Hospital, 1601 Spring Garden St., Philadelphia 30, Pa.

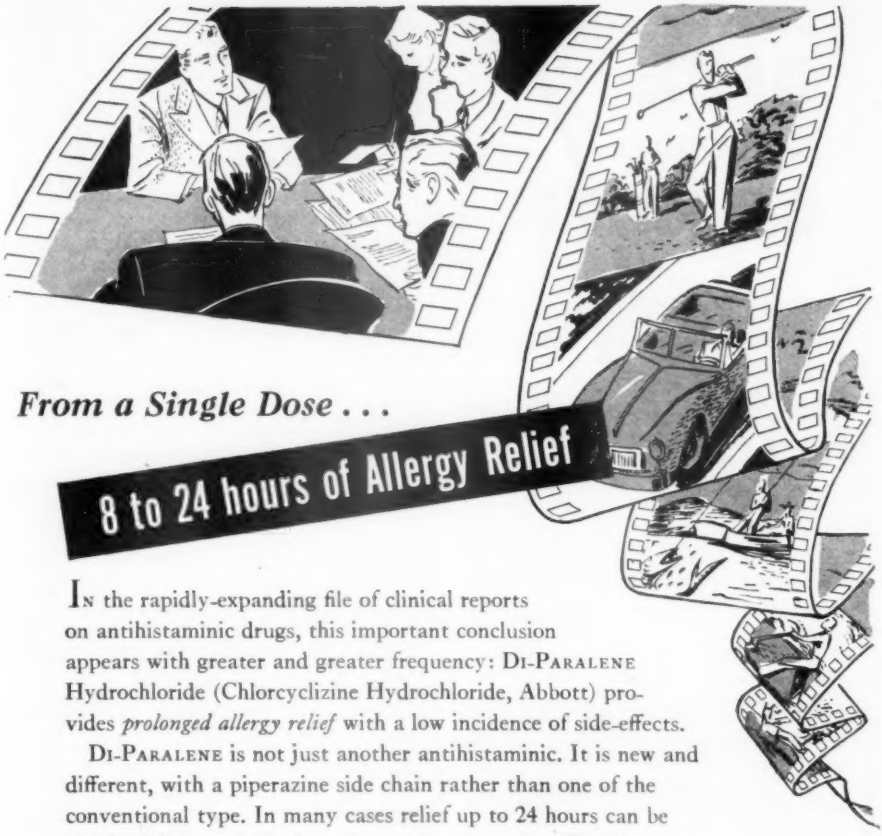
NURSES: State of Maryland. Director and Assistant Director of Nurses at Deer's Head Chronic Disease Hospital in Salisbury. Tentative starting salary for Director $3900, for Asst. Director $3360. Openings for Registered Nurses throughout the State in Maryland's Mental, Tuberculosis and Chronic Disease Hospitals. Mental hospital starting salary $2717, Tuberculosis and Chronic Disease hospitals starting salary $2000. All positions under Maryland's Merit System and offer security of employment. Liberal vacation and sick leave, automatic salary increases and retirement benefits. Contact the Office of the State Employment Commissioner, 31 Light St., Baltimore 2, Md.

NURSES: Licensed, registered or practical. Permanent. Living accommodations optional. Hospital, 167 St. & Findlay Ave., Bronx, N.Y.

NURSES: For 390 bed tuberculosis hospital affiliated with Western Reserve University. 40 hour week. Salary $240 to $270. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Apply to Director of Nurses, Sunny Acres Hospital, Cleveland 22, Ohio.

NURSES: General duty, head and supervisory nurses in acute communicable TB or general emergency hospitals. Public health nurses and public health nurses in training. Salaries from $3032 to $4693. 40 hour week, no split shifts. Paid vacations, duty disability allowances. Sick leaves, maternity leaves, pensions, death and sickness benefits. Apply Detroit Civil Service Commission, 735 Randolph, Detroit 26, Mich.

[Turn the page]



From a Single Dose . . .

8 to 24 hours of Allergy Relief

In the rapidly-expanding file of clinical reports on antihistaminic drugs, this important conclusion appears with greater and greater frequency: Di-Paralene Hydrochloride (Chlorcyclizine Hydrochloride, Abbott) provides *prolonged allergy relief* with a low incidence of side-effects.

Di-Paralene is not just another antihistaminic. It is new and different, with a piperazine side chain rather than one of the conventional type. In many cases relief up to 24 hours can be obtained from a single dose. In starting treatment, Di-Paralene should be administered in 50-mg. doses three times a day for the average adult, but in the majority of cases this dosage can later be reduced to one or two doses a day. One dose taken at bedtime often provides symptomatic relief throughout the night. Often no additional dosage is required until the next bedtime. Longer-acting Di-Paralene is available at prescription pharmacies in 50-mg. and 25-mg. tablets in bottles of 100 and 500.

Abbott

Abbott's new long-acting antihistaminic

DI-PARALENE *hydrochloride*

TRADE MARK

(CHLORCYCLIZINE HYDROCHLORIDE, ABBOTT)

REFERENCES: Spielman, A. D. (1950), N. Y. St. J. Med., 50:2297, Oct. 1. Brown, E. A., et al. (1950), Ann. Allergy, 8:32, Jan.-Feb. Jenkins, C. M. (1950), J. Nat. Med. Assn., 42:293, Sept. Cullick, Louis, and Ogden, H. D. (1950), South. Med. J., 43:632, July. Ehrlich, N. J., Kaplan, M.A.(1950), Ann. Allergy, 8:682, Sept.-Oct.

NURSES: The American Red Cross offers excellent employment opportunities as nursing field representative for nurses qualified in the field of public health or education. Qualifications: Bachelor's Degree in Public Health Nursing, Nursing Education or Health Education with at least two years of experience. Openings are available in the various sections of the country. Salaries are commensurate with training and experience. Inquiries should be directed to Mr. Raymond R. Fisher, Administrator for Personnel Services, National Headquarters, American Red Cross, Washington 13, D.C.

OFFICE NURSE: Ages 22-35. 5½ day week, 2 weeks paid vacation and uniforms laundered. One meal a day. $200 month. Write only. N. O. Wheeler, M.D., Globe, Ariz.

O.R. SUPERVISOR AND NURSES: For 60 bed hospital. 40 hour week with compensation in pay for overtime. Experience required. Good salary, maintenance. Apply: Superintendent, The Monterey Hospital, Ltd., Monterey, Calif.

OPERATING ROOM SUPERVISOR: 85 bed hospital. 44 hour week, live in or out. Salary open. Apply Superintendent of Nurses, Bethany Deaconess Hospital, 237 St. Nicholas Ave., Brooklyn, N.Y.

OPERATING ROOM SUPERVISOR: General hospital. 165 adult beds, 45 bassinets. Postgraduate experience essential. Salary open. Scrub nurses, $210. $10 increase in 60 days. Remuneration for call. Write to: Director of Nursing, MacNeal Memorial Hospital, 3249 So. Oak Park Ave., Berwyn, Ill.

PUBLIC HEALTH NURSES: Vacancies in New York City Department of Health. Immediate appointment on provisional basis. Generalized service includes maternal and child care, school health and communicable disease control. Starting salary $2400, 37 hour week, liberal vacation and sick-time allowance, pension rights, in-service training. Applicants must not have reached 36th birthday except New York State veterans. Write to Bureau of Public Health Nursing, City Health Department, 125 Worth St., New York 13, N.Y.

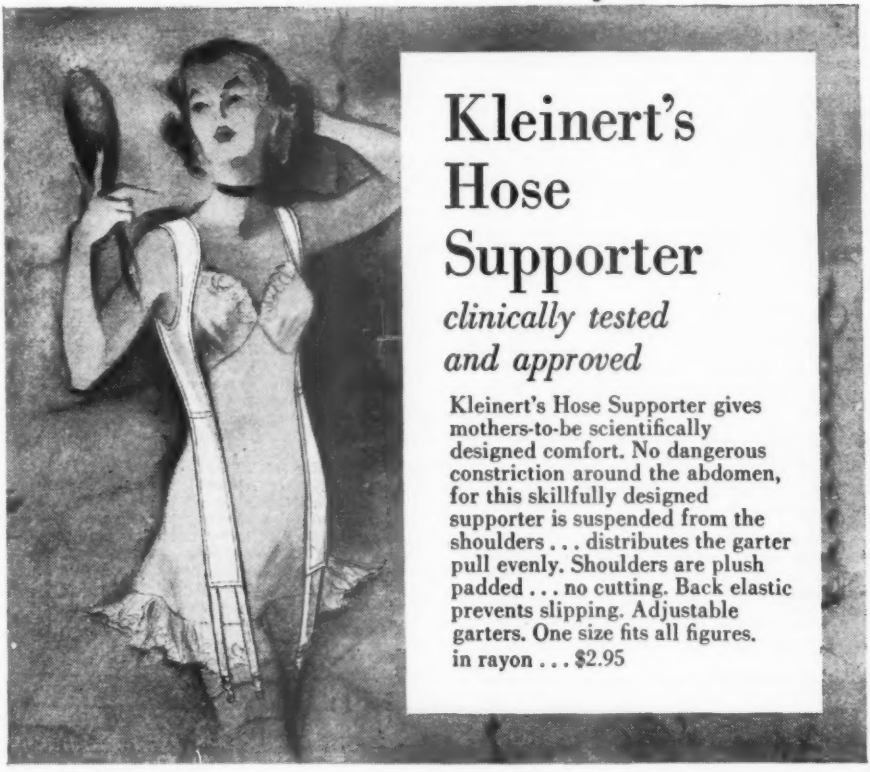
PUBLIC HEALTH NURSES: (a) To serve as industrial health consultant. Educational program. East. (b) Assistant director public health nursing. Outside U.S.A. $6000. (c) To supervise generalized program. Town of 35,000. Pacific Northwest. RN4-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

REGISTERED NURSES: Openings now available for staff nurses and an instructor of psychiatric nursing in a new program for psychiatric affiliation. Get in on the ground floor. 15 vacation days, 30 days sick leave, 13 legal holidays, increments annually under the merit system. Located in the vicinity of Baltimore and Washington, D.C. Correspond with the Personnel Manager, Springfield State Hospital, Sykesville, Md.

REGISTERED NURSES: For modern 135 bed private hospital in the most desirable section of New York City. 5 days, 40 hours.

[Turn the page]

For the mother-to-be who does not require a girdle



Kleinert's Hose Supporter

clinically tested and approved

Kleinert's Hose Supporter gives mothers-to-be scientifically designed comfort. No dangerous constriction around the abdomen, for this skillfully designed supporter is suspended from the shoulders . . . distributes the garter pull evenly. Shoulders are plush padded . . . no cutting. Back elastic prevents slipping. Adjustable garters. One size fits all figures. in rayon . . . $2.95

Kleinert's Maternity Girdle* . . . *Perfect comfort, perfect control. Lifts weight without constriction, takes strain off back. Side lacing, back elastic. Adjusts easily. Small, medium, large.*
nylon satin $5.95
rayon brocade $5.00

Kleinert's Nylon Nursing Bra . . . *Firm support, fashionable uplift. Hook-front opening. Waterproofed without rubber in Kleinert's exclusive Softex. Soothing cotton flannel backing.*
Even sizes 32-40 . . . . . $3.50

® Kleinert's

. . . serving the needs of mothers and babies for over 80 years.

ACCEPTED FOR ADVERTISING IN PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION

*PATENTED

Floor duty, medical-surgical services, and O.R. Live in or out. Attractive Nurses' Residence. Excellent personnel policies. Opportunity for advancement to anyone with ability. Apply Director of Nurses, Medical Arts Center Hospital, 57 West 57th St., N.Y.C.

REGISTERED PROFESSIONAL NURSES: Obstetrics, operating room, medical-surgical services. 44 hour week. $8.80 daily, $9.40 evenings or nights. 3 month and annual increases. Free laundry uniforms. Progressive vacation policy. Liberal sick leave time. Reasonably priced living quarters in hospital vicinity. Address Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

REHABILITATION NURSES: Immediate openings. Degree required. New and challenging opportunity for specialized nurse counseling of seriously injured industrial workers through all phases of medical and rehabilitation programs. Mature and attractive personality necessary, some business experience and orthopedic training dsirable. Aftr preliminary training program, assignments would be made to branch offices in New England, New York, Midwest, South and Southwest. Starting salary open. Group Health and Insurance plans, 5 day week, paid vacations. Write giving full resume of experience to W. S. Allan, Liberty Mutual Insurance Co., 175 Berkeley St., Boston, Mass.

STAFF NURSES: (a) General, 200 bed hospital located near university campus. Opportunity for continuing studies. Pacific Coast. (b) Small hospital, resort area, North Carolina. RN4-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STAFF NURSES: 75 bed modern general hospital. Private swimming lake with beach. Straight 44 hour week. Full maintenance if desired. Winter Haven Hospital, Inc., Winter Haven, Fla.

STAFF NURSES: 600 bed general hospital. Openings on all services including Operating Room. Salary $160 per month plus complete maintenance. $20 per month additional for permanent evening or night duty. Annual salary increment of $120. 44 hour week, 24 days vacation and 24 days ill time allowance first year, 30 days per year thereafter. 6 holidays. Opportunity to take courses in Nursing Education at Duke University. Write Director of Nursing Service, Duke Hospital, Durham, N.C.

STAFF NURSES: Modern 250 bed general hospital and 75 bed maternity hospital. Must be eligible for registration in Calif. Salary $225 monthly plus two meals and laundry. Increase at 6 month intervals. $10 additional for evenings, nights and maternity duties. $20 additional for surgery. 40 hour week. Housing available at nominal cost. Apply Supt. of Nurses, Sutter Hospital, Sacramento, Calif.

SUPERVISORS: Operating room, pediatrics, assistant night and assistant evening duty for new 152 bed hospital. Excellent salary based on qualifications and past experiences. Sick leave, holiday time and paid vacation annually. One meal a day while on duty and laundry of 6 uniforms per week. Apply to Director of Nurses, Schoitz Memorial Hospital, Waterloo, Iowa.

SUPERVISORS: (a) Central supply. Modern, well-equipped hospital. Hawaii. (b) Floor. New hospital, resort area, Rocky Mountain State. (c) Obstetrical, evening and pediatric. American hospitals in Turkey and on Mediterranean in Near East. (d) Operating room and obstetrical. New hospital, unit university group. Completion June. Southwest. (e) Pediatric. 400 bed hospital, college town, beautiful section of Pennsylvania. $3600. (f) Assistant operating room supervisor. Fairly large hospital. Chicago area. $275-$325. (g) Psychiatric. New 24 bed psychiatric unit, 400 bed general hospital. University town, Midwest. Minimum $300. RN4-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERINTENDENT OF NURSES: For expanding 116 bed general hospital fully accredited. New wing to be built in 1951. Active services in medicine, surgery, obstetrics and psychiatry. Personnel policies include liberal vacation and sick leave plans, holidays with pay, Social Security, group hospital and medical insurance. $3600 per year to start. Living quarters available if desired. Address inquiries to Personnel Officer, St. Luke's Hospital, St. Paul 2, Minn.

Keep your sweetness longer with the New finer MUM!

A fresh clean uniform is a symbol to your patients. It stands for cleanliness, for personal freshness, too. Yes, fastidiousness is important to you. Now you can keep that fresh clean feeling *longer* with the new finer **MUM.**

This new **MUM** contains a wonder-working ingredient M-3 which protects against the bacteria which *cause* underarm odor. It not only stops the growth of these bacteria, it keeps down their future growth, too. **MUM** doesn't merely *mask* odor—it interferes with its development.

You'll like the soft creamy texture of this new **MUM** which makes it easy to put on. There is nothing harsh about **MUM.** Nothing to irritate the skin. Nor will it harm even the finest fabrics.

MUM's delicate floral scent will delight you—it's a special fragrance created for **MUM** alone.

Keep your sweetness all through the day with **MUM**—the creamy deodorant that *prevents* underarm odor.

Now contains amazing new ingredient M-3—that protects against odor-causing bacteria

MUM's protection GROWS and GROWS! Thanks to its new ingredient, M-3, **MUM** not only stops growth of odor-causing bacteria but keeps down *future* growth. You actually *build up* protection with regular, exclusive use of new **MUM!** *Now at your cosmetic counter!*

New **MUM** *cream deodorant*

A product of BRISTOL-MYERS COMPANY • 19 West 50 Street, New York, N. Y.

WHERE TO FIND OUR ADVERTISERS

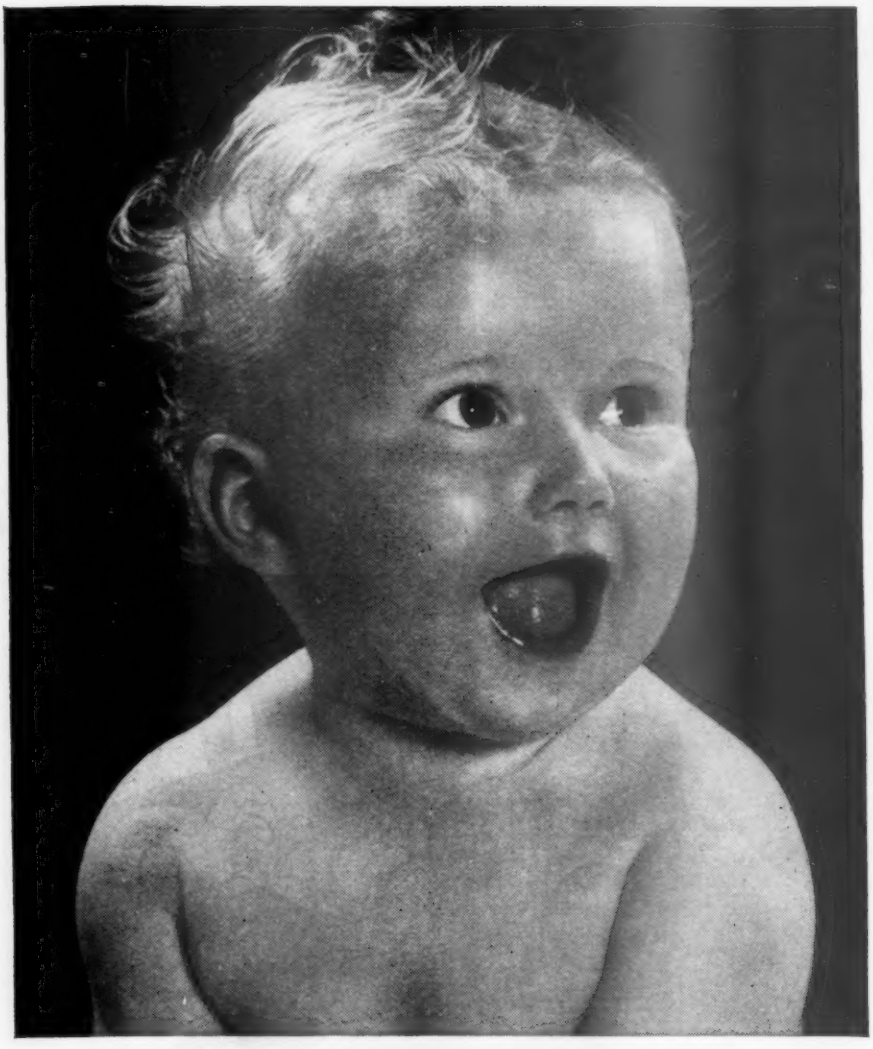
IF YOU HAVE CHANGED YOUR ADDRESS RECENTLY

Please fill out the following form:

Name _____ R.N.
(PLEASE PRINT)

Former address:	New address:
Street _____	Street _____
City _____	City _____
Zone _____ State _____	Zone _____ State _____

(Please use this coupon for address change only)



GOOD CARE MEANS GOOD NATURE!

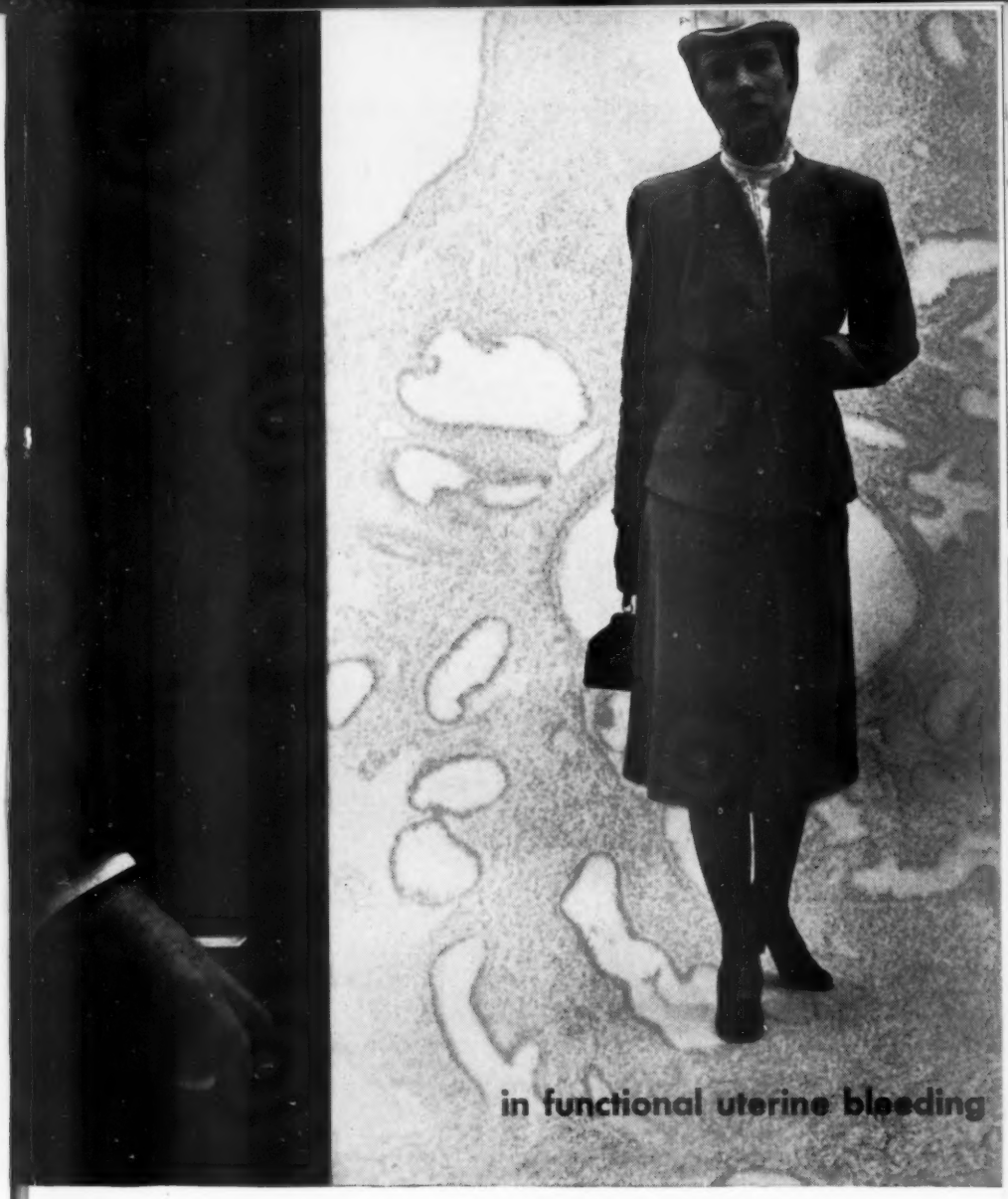
Many doctors find gentle Johnson's Baby Powder helpful in keeping infant skin free from minor irritations. A pharmaceutically elegant powder lubricant made specially for baby use.

JOHNSON'S BABY POWDER

Johnson & Johnson

Highly

5102



An "estrogen of choice for hemostasis is 'Premarin'..."*

"PREMARIN"®

Estrogenic Substances (water-soluble)
also known as Conjugated Estrogens (equine)
Tablets and Liquid

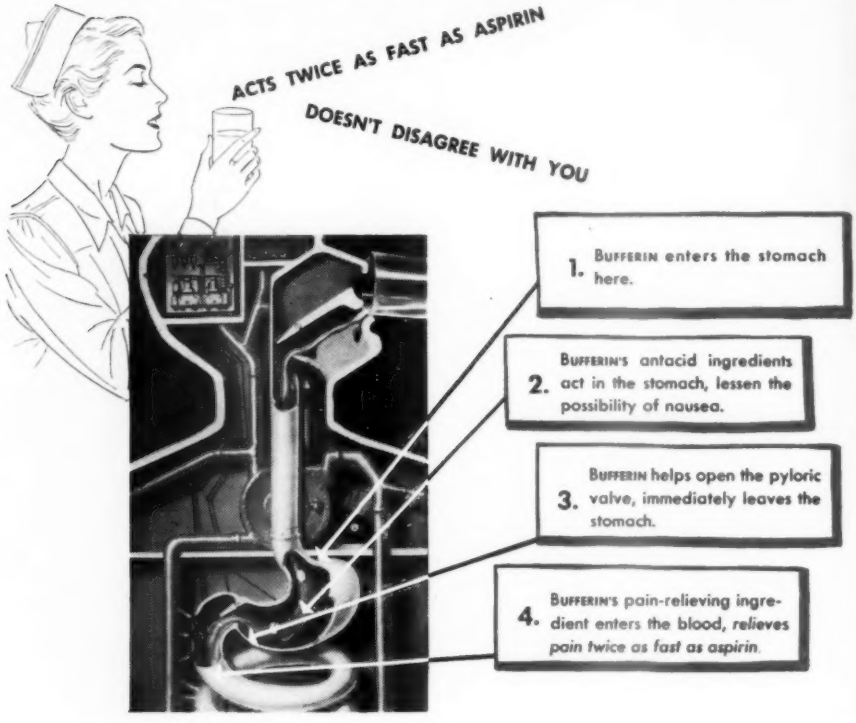
Highly Effective · Well Tolerated · Naturally Occurring · Orally Active

Ayerst, McKenna & Harrison Limited · 22 East 40th Street, New York 16, N. Y.

*Fry, C. O., J. Am. M. Women's A. 4:51 (Feb.) 1949

5102

Get faster pain relief with BUFFERIN



It is the rapidity with which a drug enters the blood that determines the speed of its pain-relieving action. BUFFERIN has a unique advantage as an analgesic because its pain-relieving ingredient enters the blood promptly. Almost immediately after BUFFERIN reaches the stomach it stimulates the opening of the pyloric valve, and passes from the stomach into the intestines. There it is absorbed into the blood, ready to exert its alleviating effect on pain.

Clinical studies[1] have shown that ten minutes after BUFFERIN was taken the salicylate levels of the blood were as great as those attained by aspirin in twice this time. That is why BUFFERIN *acts twice as fast* as aspirin.

And BUFFERIN won't disagree with you. It is antacid, *protects* your stomach from the irritation which aspirin produces in so many people.[1] Even large doses of BUFFERIN, over a long period of time, are well tolerated.

1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Scientific Ed. 39:21, Jan. 1950.

Indications: Simple headaches, neuralgias, dysmenorrhea, muscular aches and pains, discomfort of colds and minor injuries. Particularly useful when gastric hyperacidity is a complication. Helpful for arthritic pains, and for toothaches and pain following tooth extraction.

Each BUFFERIN tablet contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

Available in vials of 12 and 36 tablets and in bottles of 100. Tablets scored for divided dosage.

Accepted Council on Dental Therapeutics American Dental Association

BUFFERIN *is a trade-mark of the Bristol-Myers Company*

BRISTOL-MYERS COMPANY • 19 West 50 St., New York 20, N. Y.